United States Bankruptcy Court Eastern District of New York, Brooklyn Division

IN RE:		Case No	
Sanacore, Frank & Sanacore, Lynne	e M	Chapter 7	
	Debtor(s)	• -	
	VERIFICATION OF CREDIT	TOR MATRIX	
The above named debtor(s) or atto- correct to the best of their knowled		that the attached matrix (list of creditors) is true and	
Date: June 12, 2017	/s/ Frank Sanacore Debtor		
	/s/ Lynne M Sanacore Joint Debtor		
	/s/ Kevin Zazzera Attorney for Debtor		

05 Retro Fitness Staten Islan 377 Hoes Ln Piscataway, NJ 08854-4138

1st Crd Srvc 377 Hoes Ln Piscataway, NJ 08854-4138

Allianceone Receivable Management Inc PO Box 11641 Tacoma, WA 98411-6641

Anesthesia Care PC 365 Plandome Rd Ste 306 Manhasset, NY 11030-1940

Capital One Bank PO Box 71083 Charlotte, NC 28272-1083

Capital One Visa PO Box 71087 Charlotte, NC 28272-1087

Cavalry Portfolio Serv PO Box 27288 Tempe, AZ 85285-7288 Chase auto finance PO Box 5210 New Hyde Park, NY 11042-5210

Convergent healthcare recoveries Inc PO Box 6209 Champaign, IL 61826-6209

Credit One Bank N.A.
Midland funding
PO Box 939069
San Diego, CA 92193-9069

fingerhut 6250 Ridgewood Rd Saint Cloud, MN 56303-0820

Flagship Credit Accept 3 Christy Dr Chadds Ford, PA 19317-9670

Flagship Credit Acceptance PO Box 965 Chadds Ford, PA 19317-0643

FMS Inc PO Box 707601 Tulsa, OK 74170-7601 Garden State veterinary Specialists Pressler & Pressler LLP 305 Broadway Fl 9 New York, NY 10007-1158

Ge Capital Retail Bank Calvary Portfolio Services 500 Summit Lake Dr Ste 400 Valhalla, NY 10595-1340

Ge Capital Retail Bank Portfolio Recovery PO Box 41067 Norfolk, VA 23541-1067

Hsbc Bank Nevada N.A. portfolio recovery PO Box 41067 Norfolk, VA 23541-1067

Kleinman, Saltzman & Bolnick PC 151 N Main St Fl 4 New City, NY 10956-3851

Kohls/Capital One Kohls Credit PO Box 3043 Milwaukee, WI 53201-3043 Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Liberty Mutual group 515 Rxr Plz Apt Lz Uniondale, NY 11556-3813

Lowes
PO Box 960097
Orlando, FL 32896-0097

Midland Credit Management Inc PO Box 60578 Los Angeles, CA 90060-0578

Midland Funding 2365 Northside Dr Ste 30 San Diego, CA 92108-2709

North Star Capital ACQ LLC c/o Kurschenbaum & Phillips 3000 Hempstead Tpke Fl 4 Levittown, NY 11756-1381

Northland Group Inc PO Box 390846 Minneapolis, MN 55439-0846 NYU Langone Physician Services PO Box 415662 Boston, MA 02241-5662

Pay Pal Credit /GECRB PO Box 960080 Orlando, FL 32896-0080

Portfolio Recovery Ass 120 Corporate Blvd Ste 1 Norfolk, VA 23502-4952

Richmond University Medical Ctr PO Box 788051 Philadelphia, PA 19178-8051

RMS PO Box 280431 East Hartford, CT 06128-0431

Rreceivables Performance Mangement PO Box 1548
Lynnwood, WA 98046-1548

Rubin & Rothman 1787 Veterans Hwy Islandia, NY 11749-1500 RUI Credit Service PO Box 1349 Melville, NY 11747-0421

State of New York 110 State St Albany, NY 12207-2027

B201B (Form 201B) (12/09)

United States Bankruptcy Court Eastern District of New York, Brooklyn Division

IN RE:	Case No
Sanacore, Frank & Sanacore, Lynne M Debtor(s)	Chapter 7
CERTIFICATION OF NOTICE TO CONSU UNDER § 342(b) OF THE BANKRUP	* *
Certificate of [Non-Attorney] Bankruptcy	Petition Preparer
I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, here notice, as required by § 342(b) of the Bankruptcy Code.	eby certify that I delivered to the debtor the attached
Printed Name and title, if any, of Bankruptcy Petition Preparer Address:	Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
X	(Required by 11 U.S.C. § 110.)
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, partner whose Social Security number is provided above.	or
Certificate of the Debtor	

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Sanacore, Frank & Sanacore, Lynne M	X /s/ Frank Sanacore	6/12/2017
Printed Name(s) of Debtor(s)	Signature of Debtor	Date
Case No. (if known)	X /s/ Lynne M Sanacore	6/12/2017
	Signature of Joint Debtor (if any)	Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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				_
Fill in this inforn	nation to identify your	case:		
Debtor 1	Frank Sanacore			
	First Name	Middle Name	Last Name	- }
Debtor 2	Lynne M Sanaco			_
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK, BROOKLYN DIVISION	_
Case number				
(if known)				Check if this is an
				amended filing
Official Eq	100			
Official Fo	rm 108			
Statemer	nt of Intention	<u>on for Individu</u>	uals Filing Under Cha	apter 7 12/15
If you are an indi	vidual filing under cha	pter 7, you must fill out th	nis form if	
	e claims secured by yo		113 TOTHI II.	
You must file this	s form with the court w ver is earlier, unless th		red. e your bankruptcy petition or by the dat for cause. You must also send copies to	
the for	II .			

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No

Official Form 108

Debtor 1 Debtor 2 Sanacore, Frank & Sanacore, Lynne M	Case number (if known)	
name: Description of	☐ Retain the property and redeem it. ☐ Retain the property and enter into a <i>Reaffirmation</i>	☐ Yes
property	Agreement.	
securing debt:	☐ Retain the property and [explain]:	
Securing debt.		-
Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed i	n Schedule G. Evecutory Contracts and Unevnired I	eases (Official Form 106G) fill in
the information below. Do not list real estate leases. Unexp may assume an unexpired personal property lease if the tru	ired leases are leases that are still in effect; the leas	
Describe your unexpired personal property leases		Will the lease be assumed?
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Lacarda gamas		
Lessor's name: Description of leased		□ No
Property:		☐ Yes
Lessor's name: Description of leased		□ No
Property:		☐ Yes
Part 3: Sign Below		
Under penalty of perjury, I declare that I have indicated my property that is subject to an unexpired lease.	intention about any property of my estate that secu	res a debt and any personal
X /s/ Frank Sanacore	X /s/ Lynne M Sanacore	
Frank Sanacore	Lynne M Sanacore	
Signature of Debtor 1	Signature of Debtor 2	
Date June 12, 2017	Date June 12, 2017	

Official Form 108

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NEW YORK, BROOKLYN DIVISION		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	11: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Frank First name Middle name	Lynne First name M Middle name
	Bring your picture identification to your meeting with the trustee.	Sanacore Last name and Suffix (Sr., Jr., II, III)	Sanacore Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	Frank J Sanacore	First Last
	maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-3997	xxx-xx-9833

	otor 1 otor 2 Sanacore, Frank 8	& Sanacore, Lynne M	Case number (if known)		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	■ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live		If Debtor 2 lives at a different address:		
		26 El Camino Loop			
		Staten Island, NY 10309-2845 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Richmond			
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

	Sanacore, Frank 8	& Sanacore, Lyn	ne M	Case nu	umber (if known)		
Par	t 2: Tell the Court About	our Bankruptcy C	ase				
7.	The chapter of the Bankruptcy Code you are		brief description of each, see Not the top of page 1 and check the a		§ 342(b) for Individuals Filing for Bankruptcy (Form		
	choosing to file under	Chapter 7					
		☐ Chapter 11					
		☐ Chapter 12					
		☐ Chapter 13					
8.	How you will pay the fee	about how y If your attorn pre-printed	ou may pay. Typically, if you are p ney is submitting your payment on address. ay the fee in installments. If you	tire fee when I file my petition. Please check with the clerk's office in your local court for more details ay pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order submitting your payment on your behalf, your attorney may pay with a credit card or check with a ss. The fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The allments (Official Form 103A).			
		☐ I request the not required your family s	nat my fee be waived (You may r to, waive your fee, and may do so	request this option only if yo o only if your income is less of fee in installments). If you	u are filing for Chapter 7. By law, a judge may, but is than 150% of the official poverty line that applies to choose this option, you must fill out the <i>Application</i> with your petition.		
9.	Have you filed for	■ No.					
	bankruptcy within the last 8 years?	☐ Yes.					
		Distric	t	When	Case number		
		Distric	t	When	Case number		
		Distric	t	When	Case number		
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by	■ No □ Yes.					
	an affiliate?	Dobto			Deletionship to you		
		Debto Distric	-	Whon	Relationship to you Case number, if known		
		Debto		When	Relationship to you		
		Distric		When	Case number, if known		
11.	Do you rent your	■ No. Go to	line 12.				
	residence?	☐ Yes. Has y	our landlord obtained an eviction j	judgment against you and d	lo you want to stay in your residence?		
			No. Go to line 12.				
			Yes. Fill out <i>Initial Statement Arbankruptcy</i> petition.	bout an Eviction Judgment	Against You (Form 101A) and file it with this		

	tor 1 tor 2 Sanacore, Frank 8	& Sanaco	ore, Lyn	ne M	Case number (if known)	
Par	Report About Any Bu	sinesses `	You Own	as a Sole Proprieto	or	
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.		
		☐ Yes.	Name	e and location of bus	iness	
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any		
	If you have more than one sole proprietorship, use a separate sheet and attach it		Numb	per, Street, City, Sta	te & ZIP Code	
	to this petition.		Chec	k the appropriate bo	x to describe your business:	
				Health Care Busin	ess (as defined in 11 U.S.C. § 101(27A))	
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))	
				Commodity Broke	r (as defined in 11 U.S.C. § 101(6))	
				None of the above		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	s. If you in	dicate that you are a ow statement, and fe	ourt must know whether you are a small business debtor so that it can set appropriate small business debtor, you must attach your most recent balance sheet, statement of deral income tax return or if any of these documents do not exist, follow the procedure in 11	
	For a definition of small	■ No.	I am not filing under Chapter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	No. I am filing under Chapter 11, but I am NOT a small business debtor according Code.		11, but I am NOT a small business debtor according to the definition in the Bankruptcy	
		☐ Yes.	Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Par	Report if You Own or	Have Any	Hazardo	us Property or Any	Property That Needs Immediate Attention	
14.	Do you own or have any	■ No.				
	imminent and identifiable	perty that poses or is ged to pose a threat of ☐ Yes.		the hazard?		
	safety? Or do you own any property that needs immediate attention?			diate attention is why is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where i	s the property?		
					Number, Street, City, State & Zip Code	

Debtor 1 Debtor 2

Sanacore, Frank & Sanacore, Lynne M

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

	otor 1 otor 2 Sanacore, Frank 8	& Sanaco	ore, Lynne M	Case r	number (if known)		
Par	t 6: Answer These Question	ons for Re	eporting Purposes				
16.	What kind of debts do you have?	16a.	Are your debts primarily consuindividual primarily for a personal,		e defined in 11 U.S.C.§ 101(8) as "incurred by an		
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
		16b.	Are your debts primarily busine for a business or investment or thr		ebts that you incurred to obtain money so rinvestment.		
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you owe that	at are not consumer debts or busi	ness debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. G	to to line 18.			
	Do you estimate that after any exempt property is excluded and	■ Yes.	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?				
	administrative expenses are paid that funds will be		No				
	available for distribution to unsecured creditors?		Yes				
18.	How many Creditors do	1 -49		1 ,000-5,000	2 5,001-50,000		
	you estimate that you owe?	50-99		☐ 5001-10,000 ☐ 10,001-25,000	☐ 50,001-100,000 ☐ More than100,000		
		☐ 100-1 ☐ 200-9		□ 10,001-25,000	☐ More than100,000		
19.	How much do you	□ \$0 - \$	50,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion		
	estimate your assets to be worth?	\$50,001 - \$100,000		□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion		
			001 - \$500,000 001 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 millio			
20.	How much do you	\$0 - \$	•	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion		
	estimate your liabilities to be?		001 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion		
			001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$100 million			
Par	t 7: Sign Below	— \$000,					
	you	I have ev	omined this potition, and I declare u	nder populty of porjury that the inf	ormation provided is true and correct.		
1 01	you		, ,	, , , , ,	•		
			chosen to file under Chapter 7, I ar ode. I understand the relief available		igible, under Chapter 7, 11,12, or 13 of title 11, United e to proceed under Chapter 7.		
			rney represents me and I did not pay ained and read the notice required by		not an attorney to help me fill out this document, I		
		I request	relief in accordance with the chapt	ter of title 11, United States Code	e, specified in this petition.		
		case can		nprisonment for up to 20 years, or	ey or property by fraud in connection with a bankruptcy both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. ### Sanacore*		
		Frank S	Sanacore	Lynne M S	anacore		
		Signature	e of Debtor 1	Signature of	Deptor 2		
		Executed	June 12, 2017 MM / DD / YYYY	Executed on	June 12, 2017 MM / DD / YYYY		

Debtor 1 Debtor 2 Sanacore, Frank & Sanacore, Lynne M		Case	Case number (if known)			
For your attorney, if you are represented by one	Chapter 7, 11, 12, or 13 of title 11, United States	Code, and have explained t	ormed the debtor(s) about eligibility to proceed under the relief available under each chapter for which the se required by 11 U.S.C. § 342(b) and, in a case in			
If you are not represented by an attorney, you do not need to file this page.		y that the information in the schedules filed with the				
	/s/ Kevin Zazzera	Date	June 12, 2017			
	Signature of Attorney for Debtor		MM / DD / YYYY			
	Kevin Zazzera					
	Printed name					
	Kevin B. Zazzera, Esq.					
	Firm name					
	182 Rose Ave Ste 3					
	Staten Island, NY 10306-2900					
	Number, Street, City, State & ZIP Code					
	Contact phone	Email address	kzazz007@yahoo.com			
	Bar number & State		_			

Fill in t	this inform	nation to identify your case a	nd this filing:		
Debtor	1	Frank Sanacore			
	_	First Name	Middle Name Last Name		
Debtor (Spouse,		Lynne M Sanacore First Name	Middle Name Last Name		
	-			uon.	
United	States Bar	hkruptcy Court for the: EAST	ERN DISTRICT OF NEW YORK, BROOKLYN DIVIS	ION	
Case n	number _				☐ Check if this is an amended filing
Offic	ial Fa	rm 106 A /D			
_		<u>rm 106A/B</u>			
Sch	edul	e A/B: Propert	У		12/15
Part 1: 1. Do you No Ye Part 2: Do you someone	Describe on own or how one of the second of	Each Residence, Building, Land, ave any legal or equitable interest. 2. the property? Your Vehicles e, or have legal or equitable in	or Other Real Estate You Own or Have an Interest In st in any residence, building, land, or similar property? Interest in any vehicles, whether they are registered port it on Schedule G: Executory Contracts and Unexphicles, motorcycles	d or not? Include any veh	
■ Ye					
	55				
	_	Hyundai Sonata	Who has an interest in the property? Check one ☐ Debtor 1 only	the amount of any secur	laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.
•	Year:	2013	Debtor 2 only	Current value of the	Current value of the
	Approximate		■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inform	nation:	At least one of the debtors and another		
			Check if this is community property (see instructions)	\$9,000.00	\$9,000.00
3.2	Make:	lyundai	Who has an interest in the property? Check one		laims or exemptions. Put ed claims on <i>Schedule D:</i>
I	_	Tiburon	Debtor 1 only		ims Secured by Property.
,	Year: 2	2008	Debtor 2 only	Current value of the	Current value of the
	Approximate		■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inform	nation:	At least one of the debtors and another		
			Check if this is community property (see instructions)	\$3,500.00	\$3,500.00

	tor 1 tor 2	Sanacore, F	rank & Sanacore	, Lynne M	Case number (if known)	
3.3	Model: Year: Approxir	Hyundai Elantra 2004 mate mileage: formation:	60000	Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	the amount of any	ured claims or exemptions. Put secured claims on <i>Schedule D: ve Claims Secured by Property</i> . the Current value of the portion you own?
				☐ Check if this is community property (see instructions)	\$1,030	.00 \$1,030.00
E> □	No Yes	oats, trailers, i	motors, personal wate	d other recreational vehicles, other vehicles, a ercraft, fishing vessels, snowmobiles, motorcycle and for all of your entries from Part 2, including mber here	accessories any entries for pages	\$13,530.00
Part			nal and Household Ite			0
Do y	you own o	or have any le	egal or equitable into	erest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
		,	urnishings ces, furniture, linens, d	china, kitchenware		
			furniture			\$1,000.00
E	lectronics Examples: ¹ ■ No ■ Yes. De	Televisions an including cell	d radios; audio, video phones, cameras, m	o, stereo, and digital equipment; computers, printe edia players, games	rs, scanners; music collec	tions; electronic devices
E	_	Antiques and t	figurines; paintings, p nemorabilia, collectibl	rints, or other artwork; books, pictures, or other ares	rt objects; stamp, coin, or l	paseball card collections; other
_	■ No □ Yes. De	scribe				
E		instruments		other hobby equipment; bicycles, pool tables, gol	If clubs, skis; canoes and	kayaks; carpentry tools; musical
10. F	Firearms Examples ■ No	: Pistols, rifles	s, shotguns, ammunit	ion, and related equipment		
11. (_ ′		thes, furs, leather coa	ats, designer wear, shoes, accessories		
_	I No I Yes. De	scribe				
_	. 55. 50		clothes			\$300.00

	btor 1 btor 2	Sanacore, Frank & Sanacore, Lynne M		Case number (if known)	
١	■ No	es: Everyday jewelry, costume jewelry, engagemer	nt rings, wedding rings, heirloc	om jewelry, watches, gems, gold, s	ilver
	□ res.	Jeschbe			
		n animals es: Dogs, cats, birds, horses			
	☐ Yes. I	Describe			
	■ No	er personal and household items you did not a	already list, including any h	ealth aids you did not list	
	☐ Yes.	Give specific information			
15.		e dollar value of all of your entries from Part 3 Write that number here		pages you have attached for	\$1,300.00
Dat	4.45 Doo	ariba Vaur Financial Accets		_	
		cribe Your Financial Assets n or have any legal or equitable interest in any	of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
ا	□ No É	es: Money you have in your wallet, in your home, in	•	and when you file your petition	
'	– 165			cash	\$50.00
	□ No	es: Checking, savings, or other financial accounts; institutions. If you have multiple accounts with the same accounts with the same accounts			
		17.1. Checking Accoun	t Chase		\$100.00
1	Exampl ■ No	mutual funds, or publicly traded stocks es: Bond funds, investment accounts with brokera	ge firms, money market accoι	ınts	
	☐ Yes	Institution or issuer nam	ne:		
	Non-pul joint ve ■ No	olicly traded stock and interests in incorporate nture	ed and unincorporated busi	nesses, including an interest in	an LLC, partnership, and
		Give specific information about them Name of entity:		% of ownership:	
	Negotia	ment and corporate bonds and other negotiable instruments include personal checks, cashiers gotiable instruments are those you cannot transfer	' checks, promissory notes, a	nd money orders.	
		Sive specific information about them Issuer name:			
ı	<i>Exampi</i> □ No	ent or pension accounts es: Interests in IRA, ERISA, Keogh, 401(k), 403(t	o), thrift savings accounts, or	other pension or profit-sharing pla	ans
	Yes. L	ist each account separately. Type of account:	Institution name:		

	ebtor 1 ebtor 2	Sanacore, I	Frank & Sanacore, Lynne	e M	Case number (if known)	
			Pension Plan	Prudential		\$60,000.00
22.	Your sh		d deposits you have made so the	hat you may continue service or ublic utilities (electric, gas, wate	use from a company er), telecommunications companies, or	others
				Institution name or indi	vidual:	
			Security Deposit on Rental Unit	security deposit w	/ landlord	\$2,200.00
23.	. Annuitie	es (A contract fo	or a periodic payment of money	to you, either for life or for a nu	mber of years)	
	☐ Yes	!s	ssuer name and description.			
24.	. Interests 26 U.S.C	s in an education. §§ 530(b)(1),	on IRA, in an account in a qu 529A(b), and 529(b)(1).	ualified ABLE program, or und	der a qualified state tuition progran	n.
	☐ Yes	lı	nstitution name and description	n. Separately file the records of a	any interests.11 U.S.C. § 521(c):	
25.	. Trusts, o	equitable or fu	iture interests in property (or	ther than anything listed in li	ne 1), and rights or powers exercis	able for your benefit
	☐ Yes.	Give specific in	formation about them			
26.	Example No	es: Internet don	nain names, websites, proceed	d other intellectual property s from royalties and licensing a	greements	
27.			formation about them and other general intangible	s		
	■ No	0.	mits, exclusive licenses, coope	erative association holdings, liqu	or licenses, professional licenses	
8.4		•				Comment realize of the
IVI	oney or p	roperty owed	to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	_	ınds owed to y	ou .			
	■ No □ Yes. G	Give specific info	ormation about them, including	whether you already filed the re	turns and the tax years	
29.	. Family s Exampl ■ No		lump sum alimony, spousal s	upport, child support, maintena	ance, divorce settlement, property set	tlement
		Give specific info	ormation			
30.			•		vacation pay, workers' compensation	n, Social Security benefits;
	■ No □ Yes. 0	Give specific inf	formation			
31.		s in insurance les: Health, disa		savings account (HSA); credit, h	nomeowner's, or renter's insurance	
		lame the insura	nce company of each policy an Company name:	nd list its value.	Beneficiary:	Surrender or refund value:

	tor 1 tor 2	Sanacore, Frank & Sanacore, Lynne M		Case number (if known)	
_		erest in property that is due you from someone who has are the beneficiary of a living trust, expect proceeds from a life		currently entitled to receive	property because someone has
		Give specific information			
_		against third parties, whether or not you have filed a law bles: Accidents, employment disputes, insurance claims, or right		d for payment	
		Describe each claim			
_	Other o	contingent and unliquidated claims of every nature, include	ding counterclaims of	the debtor and rights to s	et off claims
		Describe each claim			
_	Any fin ■ No	ancial assets you did not already list			
	Yes.	Give specific information			
36.		he dollar value of all of your entries from Part 4, including b. Write that number here		-	\$62,350.00
Part	5: De:	scribe Any Business-Related Property You Own or Have an Inter	est In. List any real esta	te in Part 1.	
Part 46. I	Yes. G 6: De If y Do you No. ☐ Yes 7: Do you Examp	scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1. own or have any legal or equitable interest in any farm-off to to Part 7. Go to line 47. Describe All Property You Own or Have an Interest in That You have other property of any kind you did not already list? Oles: Season tickets, country club membership Give specific information	or commercial fishing		
54.	Add t	he dollar value of all of your entries from Part 7. Write tha	t number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$0.00
56.		2: Total vehicles, line 5	\$13,530.00		
57.		3: Total personal and household items, line 15	\$1,300.00		
58.		: Total financial assets, line 36	\$62,350.00		
59.		: Total business-related property, line 45	\$0.00		
60.		: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	': Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$77,180.00	Copy personal property to	tal \$77,180.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$77,180.00

Debtor 1		
Debtor 2	Sanacore, Frank & Sanacore, Lynne M	Case number (if known)

Fil	l in this inform	ation to identify your o	ase:							
	ebtor 1	Frank Sanacore								
_		First Name	Middle Name	L	ast Name	}				
	ebtor 2 ouse if, filing)	First Name	Middle Name	L	ast Name					
Un	ited States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF NE	EW YC	ORK, BROOKLYN DIVISION					
Ca	ise number									
(if k	nown)						Check if this is an amended filing			
_							amended illing			
	fficial Fo									
S	chedule	e C: The Pro	pperty You Cla	<u>iim</u>	as Exempt		4/16			
oro _l out kno	perty you listed and attach to the wn).	on <i>Schedule A/B: Prope</i> is page as many copies o	rty (Official Form 106A/B) as yo of <i>Part 2: Additional Page</i> as ne	our sou ecessa	, both are equally responsible for su rce, list the property that you claim a ry. On the top of any additional page unt of the exemption you claim.	as exempt. If es, write your	more space is needed, fill name and case number (if			
spe app fun to a	ecific dollar am blicable statuto ds—may be ui	ount as exempt. Altern bry limit. Some exempti nlimited in dollar amou llar amount and the val	atively, you may claim the fu ons—such as those for healt nt. However, if you claim an	ull fair th aids exemp	market value of the property beings, rights to receive certain benefit tion of 100% of fair market value exceed that amount, your exemple.	ng exempted ts, and tax-e under a law	d up to the amount of any xempt retirement that limits the exemption			
Pa	rt 1: Identif	y the Property You Cla	im as Exempt							
1.	Which set of	exemptions are you cla	aiming? Check one only, even	ı if you	r spouse is filing with you.					
	☐ You are cla	iming state and federal n	onbankruptcy exemptions. 11	U.S.C.	. § 522(b)(3)					
	You are cla	iming federal exemptions	. 11 U.S.C. § 522(b)(2)							
2.	For any prop	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.								
	·		on Current value of the portion you own	Amount of the exemption you claim		Specific la	ws that allow exemption			
	Scriedale A/D	nat note tine property	Copy the value from Schedule A/B	Che	ck only one box for each exemption.					
<u>De</u>	ebtor 1 Exem Hyundai Sonata	<u>iptions</u>	\$9,000.00			11 USC	§ 522(d)(5)			
	2013 36000 Line from <i>Sch</i>	edule A/R 3 1		•	100% of fair market value, up to any applicable statutory limit					
	Hyundai Tiburon		\$3,500.00			11 USC	§ 522(d)(2)			
	2008 30000				100% of fair market value, up to any applicable statutory limit					
		edule A/B: 3.2			any apphoable elaterery mini					
	Hyundai		\$1,030.00			11 USC	§ 522(d)(2)			
	Elantra 2004				100% of fair market value, up to					
	60000	edule A/B: 3.3		-	any applicable statutory limit					
	furniture		\$1,000.00			11 USC	§ 522(d)(3)			
	Line from Sch	edule A/B. 6.1		■	100% of fair market value, up to any applicable statutory limit					

Official Form 106C

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
clothes Line from Schedule A/B 11.1	\$300.00	-	11 USC § 522(d)(3)
Elle Holli Goriedale 77 E. TTT		■ 100% of fair market value, up to any applicable statutory limit	
cash Line from Schedule A/B 16.1	\$50.00		11 USC § 522(d)(5)
Line from Scriedule A/B. 10.1		■ 100% of fair market value, up to any applicable statutory limit	
Chase	\$100.00		11 USC § 522(d)(5)
Line from Schedule A/B: 17.1		■ 100% of fair market value, up to any applicable statutory limit	
Prudential Line from Schedule A/B. 21.1	\$60,000.00		11 USC § 522(d)(10)(E)
Line from Schedule A/B: 21.1		■ 100% of fair market value, up to any applicable statutory limit	
security deposit w/ landlord	\$2,200.00		11 USC § 522(d)(5)
Line from Schedule A/B. 22.1		■ 100% of fair market value, up to any applicable statutory limit	
 Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 No 			
☐ Yes. Did you acquire the property covered ☐ No	d by the exemption within	1,215 days before you filed this case?	
☐ Yes			

Official Form 106C

						<u></u>			
Fill	l in this informa	ation to identify your case	e:						
De	btor 1]			
Do	btor 2	First Name	Middle Name	L	ast Name	1			
	ouse if, filing)	Lynne M Sanacore First Name	Middle Name	L	ast Name				
Un	ited States Bank	cruptcy Court for the: E	ASTERN DISTRICT OF NE	W YC	DRK, BROOKLYN DIVISION				
	se number						Check if this is an amended filing		
Of	fficial For	m 106C							
So	chedule	C: The Prop	erty You Cla	im	as Exempt		4/16		
orop out	oerty you listed o	n <i>Schedule A/B: Property</i> (Official Form 106A/B) as you	ur sou	, both are equally responsible for sup rrce, list the property that you claim a ry. On the top of any additional pages	s exempt. If	more space is needed, fill		
spe app fund to a	cific dollar amo dicable statutor ds—may be un	ount as exempt. Alternatively limit. Some exemptions limited in dollar amount. It amount and the value of	rely, you may claim the full —such as those for healt However, if you claim an e	II fair h aid: exemp	unt of the exemption you claim. Of market value of the property bein s, rights to receive certain benefit poits of 100% of fair market value to exceed that amount, your exemp	g exempte s, and tax-e under a lav	d up to the amount of any exempt retirement v that limits the exemption		
Pa	rt 1: Identify	the Property You Claim a	as Exempt						
1.	Which set of e	xemptions are you claim	ing? Check one only, even	if you	r spouse is filing with you.				
	☐ You are clair	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)							
	■ You are clair	■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)							
2.	For any prope	rty you list on Schedule	A/B that you claim as exen	npt, f	ill in the information below.				
		n of the property and line on at lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific la	aws that allow exemption		
			Copy the value from Schedule A/B	Che	ck only one box for each exemption.				
De	ebtor 2 Exemple Brief description Line from Sche	n:			100% of fair market value, up to any applicable statutory limit				
3.			on of more than \$160,375? ry 3 years after that for cases		on or after the date of adjustment.)				
	Yes. Did y No Yes		ered by the exemption within	1,21	5 days before you filed this case?				

Official Form 106C

Fill in	this informati	ion to identify your	r case.			
Debto	or 1	Frank Sanacore	Middle Name Last Name			
Debto	or 2	Lynne M Sanac	ore			
(Spous	se if, filing)	First Name	Middle Name Last Name			
Unite	d States Bankr	uptcy Court for the:	EASTERN DISTRICT OF NEW YORK, BR	OOKLYN DIVISION		
(if know	number				☐ Check	if this is an
					amend	ed filing
O.t.:	-:-! - 4	1000				
	cial Form [*]					
Sch	nedule D	: Creditors	Who Have Claims Secure	ed by Property	/	12/15
	d, copy the Addi		f two married people are filing together, both are ϵ , number the entries, and attach it to this form. Or			
_	_ *	ve claims secured by	• • • •			
	No. Check thi	s box and submit thi	s form to the court with your other schedules. Yo	ou have nothing else to rep	ort on this form.	
	Yes. Fill in all	of the information be	elow.			
Part	1: List All S	ecured Claims				
			nore than one secured claim, list the creditor separate		Column B	Column C
much	as possible, list the	he claims in alphabetic	a particular claim, list the other creditors in Part 2. As al order according to the creditor 's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
	Flagship Cro		Describe the property that secures the claim:	\$16,887.00	\$9,000.00	\$7,887.00
	Acceptance Creditor's Name		2013 Hyundai Sonata	1		41,001100
			2010 Hyunaan Gomata			
	PO Box 965		As of the date you file, the claim is: Check all that			
	Chadds For	d, PA	apply.			
-	19317-0643	v. Ctata 9 Zin Cada	Contingent			
	Number, Street, Cit	y, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who	owes the debt?	Check one.	Nature of lien. Check all that apply.			
■ De	ebtor 1 only		☐ An agreement you made (such as mortgage or s	secured		
□ De	ebtor 2 only		car loan)			
□ De	ebtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
_		debtors and another	Judgment lien from a lawsuit			
	neck if this claim ommunity debt	relates to a	Other (including a right to offset)			
	-					
Date	debt was incurre	ed 2017-04	Last 4 digits of account number 100	1		
	0 - 0 14 - 1 5	N-4-11 D1	Describe the manufacture that a constant the slate.	#0.000.00	** • • • • • • • • • • • • • • • • • •	* 0.000.00
2.2	Ge Capital F	ketali Bank	Describe the property that secures the claim:	\$2,306.00	\$0.00	\$2,306.00
	Calvary Port	tfolio	collection: Care Credit Vet			
	Services					
		Lake Dr Ste	As of the date you file, the claim is: Check all that apply.			
	400 Valhalla, NY	10595-1340	☐ Contingent			
-		y, State & Zip Code	☐ Unliquidated			
			☐ Disputed			
Who	owes the debt?	Check one.	Nature of lien. Check all that apply.			
■ De	ebtor 1 only		An agreement you made (such as mortgage or s	secured		
	ebtor 2 only		car loan)			
	ebtor 1 and Debto	=	Statutory lien (such as tax lien, mechanic's lien)			
_		debtors and another	Judgment lien from a lawsuit			
	neck if this claim ommunity debt	relates to a	Other (including a right to offset)			
	deht was incurre	d 2044 42	Last 4 digits of account number 202	2		

Official Form 106D

Debtor 1	Frank Sanaco	re		Case number (if know)	
	First Name	Middle Name	Last Name	_	
Debtor 2	Lynne M Sana	icore			
	First Name	Middle Name	Last Name		
If this is t Write tha	the last page of your t number here:	entries in Column A on thi form, add the dollar value Notified for a Debt Tha	. 0	s: \$19,193.00 \$19,193.00	
rail 2.	LIST OTHERS TO BE	Notified for a Debt Tha	it fou Aireauy Listeu		
trying to than one	collect from you for	a debt you owe to someone debts that you listed in	ne else, list the creditor in Part	that you already listed in Part 1. For e 1, and then list the collection agency itors here. If you do not have additional	here. Similarly, if you have more
C	ame, Number, Street, oavalry Portfolio O Box 27288	City, State & Zip Code Serv		On which line in Part 1 did you enter th	
-	empe, AZ 85285	-7288		Last 4 digits of account number 203	<u> </u>
FI 3	ame, Number, Street, lagship Credit A Christy Dr hadds Ford, PA	•		On which line in Part 1 did you enter the Last 4 digits of account number	
•					

Fill in this	information to identify your c	ase:				
Debtor 1	Frank Sanacore					
	First Name	Middle Na	ame Last Name		-	
Debtor 2 (Spouse if, fill	Lynne M Sanacor	e Middle Na	ame Last Name		_	
(Spouse II, III	ing) First Name				j	
United Sta	ates Bankruptcy Court for the:	EASTERN D	DISTRICT OF NEW YORK, BRO	OKLYN DIVISION	_	
Case num	ber					
(if known)			-			Check if this is an
						amended filing
Official	Form 106E/F					
	ule E/F: Creditors W	ho Have	Unsecured Claims			12/15
	elete and accurate as possible. Use			Part 2 for creditors with	NONPRIORITY clair	
D: Creditors the Continu case numbe	: Executory Contracts and Unexpires Who Have Claims Secured by Prolation Page to this page. If you haver (if known).	operty. If more e no information	space is needed, copy the Part yo on to report in a Part, do not file th	u need, fill it out, numb	er the entries in the	boxes on the left. Attach
Part 1:	List All of Your PRIORITY Uns					
_ `	Go to Part 2.	i Ciaiiiis agaiiis	i you:			
☐ Yes						
	List All of Your NONPRIORITY	' Unsecured (Claims			
	creditors have nonpriority unsec					
`	You have nothing to report in this pa	_	•	dulas		
_		irt. Oublint tins i	on to the court with your other some	duics.		
■ Yes	5.					
unsecu	of your nonpriority unsecured cla ired claim, list the creditor separately ne creditor holds a particular claim, lis	for each claim.	For each claim listed, identify what t	ype of claim it is. Do not I	ist claims already inc	luded in Part 1. If more
						Total claim
	5 Retro Fitness Staten Isla	n	Last 4 digits of account number	1227		\$152.00
No	onpriority Creditor's Name		When was the debt incurred?	2016-05-27		
3	77 Hoes Ln		When was the dept incurred:	2010-03-21		_
	iscataway, NJ 08854-4138					
	umber Street City State Zlp Code ho incurred the debt? Check one.		As of the date you file, the claim	is: Check all that apply		
_	-					
	Debtor 1 only		Contingent			
	Debtor 2 only Debtor 1 and Debtor 2 only		Unliquidated			
	Debtor I and Debtor 2 only At least one of the debtors and and	thor	☐ Disputed Type of NONPRIORITY unsecure	d claim:		
	Check if this claim is for a comm		☐ Student loans			
de	the claim subject to offset?	iuility	☐ Obligations arising out of a separeport as priority claims	ration agreement or divo	rce that you did not	
	No		Debts to pension or profit-sharing	g plans, and other simila	r debts	
] Yes		Other. Specify			
						_

Debto Debto	or 1 Or 2 Sanacore, Frank & Sanacore, Lyn	Case number (f know)		
4.2	05 Retro Fitness Staten Islan	Last 4 digits of account number	1228	\$152.00
	Nonpriority Creditor's Name	When was the debt incurred?	2016-05-27	
	377 Hoes Ln Piscataway, NJ 08854-4138			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Cneck all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans	a diami.	
	debt Is the claim subject to offset?	_	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharir	g plans, and other similar debts	
	Yes	<u> </u>		
4.3	Allianceone Receivable Management Inc	Last 4 digits of account number	1144	\$139.08
	Nonpriority Creditor's Name	When was the debt incurred?		
	PO Box 11641 Tacoma, WA 98411-6641	_		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separe report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify		
4.4	Anesthesia Care PC Nonpriority Creditor's Name	Last 4 digits of account number	4790	\$3,995.73
	265 Dlandoma Dd Sto 206	When was the debt incurred?		
	365 Plandome Rd Ste 306 Manhasset, NY 11030-1940 Number Street City State Zlp Code	As of the date you file, the claim	ie: Chack all that apply	
	Who incurred the debt? Check one.	7.0 or the date you me, the claim	or oncor an that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Other Specify		

Debtoi Debtoi		Case number (f know)			
4.5	Capital One Bank Nonpriority Creditor's Name	Last 4 digits of account number	1083	\$248.00	
		When was the debt incurred?			
	PO Box 71083				
	Charlotte, NC 28272-1083 Number Street City State Zlp Code	 As of the date you file, the claim i 	s: Check all that apply		
	Who incurred the debt? Check one.				
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts		
	Yes	Other. Specify			
4.6	Capital One Visa	Last 4 digits of account number	1506	\$498.00	
	Nonpriority Creditor's Name	When was the debt incurred?			
	PO Box 71087	mon was the dest mountain.			
	Charlotte, NC 28272-1087	_			
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one. ☐ Debtor 1 only	_			
	Debtor 2 only	Contingent			
	<u> </u>	Unliquidated			
	■ Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans			
	☐ Check if this claim is for a community debt	_	ration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims			
	■ No	Debts to pension or profit-sharin	☐ Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	Other. Specify			
4.7	Chase auto finance	Last 4 digits of account number	6833	\$699.52	
	Nonpriority Creditor's Name	_			
	PO Box 5210	When was the debt incurred?			
	New Hyde Park, NY 11042-5210				
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.				
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt		ration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims	a plane, and other similar data		
	■ No	Debts to pension or profit-sharin	g pians, and other similar debts		
	☐ Yes	Other. Specify			

Debto Debto		ne M	Case number (f know)		
4.8	Convergent healthcare recoveries Inc	Last 4 digits of account number	9144	\$442.24	
	Nonpriority Creditor's Name	When was the debt incurred?			
	PO Box 6209 Champaign, IL 61826-6209	when was the debt incurred?			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?		ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts		
	□ Yes	Other. Specify collection:			
	— 163	- Other. Specify	Tro Radiology Acces		
4.9	Credit One Bank N.A. Nonpriority Creditor's Name	Last 4 digits of account number	9776	\$640.00	
	Midland funding PO Box 939069	When was the debt incurred?	2015-08		
	San Diego, CA 92193-9069				
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply		
	Who incurred the debt? Check one.				
	☐ Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify			
4.10	fingerhut	Last 4 digits of account number	8962	\$507.12	
	Nonpriority Creditor's Name	When was the debt incurred?			
	6250 Ridgewood Rd Saint Cloud, MN 56303-0820				
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt		ration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims			
	No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other Specify			

Debtor 1 Debtor 2 Sanacore, Frank & Sanacore, Lynne M			Case number (f know)		
4.11	FMS Inc	Last 4 digits of account number	9528	\$341.00	
	Nonpriority Creditor's Name	When was the debt incurred?			
	PO Box 707601 Tulsa, OK 74170-7601 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	☐Yes	■ Other. Specify Bank	Department Stores National		
	Garden State veterinary			44 000 00	
4.12	Specialists Nonpriority Creditor's Name	Last 4 digits of account number	8413	\$1,399.00	
	Pressler & Pressler LLP 305 Broadway FI 9 New York, NY 10007-1158	When was the debt incurred?			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	Type of NONPRIORITY unsecured claim:		
	\square Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims	·		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify			
4.13	Ge Capital Retail Bank Nonpriority Creditor's Name	Last 4 digits of account number	2078	\$643.00	
	Portfolio Recovery PO Box 41067	When was the debt incurred?	2014-05		
	Norfolk, VA 23541-1067 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	<u> </u>	-			
	Debtor 1 only	Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed Type of NONPRIORITY upsecures	d claim.		
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans			
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other, Specify			

Debto Debto	r 1 _{r 2} Sanacore, Frank & Sanacore, Lyn	Case number (f know)		
4.14	Ge Capital Retail Bank	Last 4 digits of account number	7041	\$419.00
	Nonpriority Creditor's Name portfolio recovery PO Box 41067	When was the debt incurred?	2013-11	
	Norfolk, VA 23541-1067 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
4.15	Hsbc Bank Nevada N.A.	Last 4 digits of account number	1506	\$541.00
	Nonpriority Creditor's Name Portfolio Recovery PO Box 41067	When was the debt incurred?	2015-04	
	Norfolk, VA 23541-1067 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	on agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
4.16	Hsbc Bank Nevada N.A. Nonpriority Creditor's Name	Last 4 digits of account number	1083	\$440.00
	portfolio recovery PO Box 41067	When was the debt incurred?	2015-05	
	Norfolk, VA 23541-1067 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims		
	No	\square Debts to pension or profit-sharing plans, and other similar debts		
	☐Yes	Other Specify		

Debto Debto		ne M	Case number (f know)	_
4.17	Kleinman, Saltzman & Bolnick PC Nonpriority Creditor's Name	Last 4 digits of account number	2884	\$178,170.00
	Homphomy Orealton's Hame	When was the debt incurred?		
	151 N Main St Fl 4			
	New City, NY 10956-3851 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that annly	
	Who incurred the debt? Check one.	As of the date you me, the claim	s. Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	<u> </u>		
	☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	_	☐ Student loans	d Glaini.	
	☐ Check if this claim is for a community debt	_	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	tration agreement of divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
		Check Exc	Middlesex County, Supr Ct hange LLC v. Guida & - Judgement # J-199950-11-	
	☐Yes		IID-L-2186-08	
4.18	Kohls/Capital One Nonpriority Creditor's Name	Last 4 digits of account number	9184	\$495.00
	Kohls Credit	When was the debt incurred?	2013-09	
	PO Box 3043			
	Milwaukee, WI 53201-3043 Number Street City State Zlp Code	As of the data you file the claim	in Charle all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim	s. Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only			
	_	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	☐ Student loans	u ciaiii.	
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	tration agreement of divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify		
		— Other. Specify		
4.19	Liberty Mutual group	Last 4 digits of account number	3240	\$7,120.00
	Nonpriority Creditor's Name	When was the debt incurred?		
	515 Rxr Plz Apt Lz			
	Uniondale, NY 11556-3813			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only			
	Debtor 2 only	☐ Contingent		
	_	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed	Lateta	
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d Claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	og plans, and other similar debts	
	☐ Yes	_	. ,	
	□ 162	Other, Specify		

Debto Debto	r 1 _{r 2} Sanacore, Frank & Sanacore, Lyn	nne M Case number (f know)	Case number (f know)		
4.20	Lowes	Last 4 digits of account number 2078	\$482.49		
	Nonpriority Creditor's Name	When was the debt incurred?	V.02.10		
	PO Box 960097				
	Orlando, FL 32896-0097	_			
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Other. Specify			
4.21	Midland Credit Management Inc	Last 4 digits of account number 1463	\$46,803.00		
	Nonpriority Creditor's Name		• •		
	DO Dov 00570	When was the debt incurred?			
	PO Box 60578 Los Angeles, CA 90060-0578				
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.				
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims			
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	Yes	■ Other. Specify collection: original creditor: Citibank			
4.22	North Star Capital ACQ LLC	Last 4 digits of account number 10RI	\$805.00		
	Nonpriority Creditor's Name c/o Kurschenbaum & Phillips	When was the debt incurred?			
	3000 Hempstead Tpke FI 4 Levittown, NY 11756-1381	Then was the dest incurred.			
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims			
	No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	☐ Yes	Other Specify			

Debto Debto	r 1 r 2 Sanacore, Frank & Sanacore, Lynr	ne M Case number (f know)	
4.23	Northland Group Inc	Last 4 digits of account number 7335	\$4,359.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	PO Box 390846		
	Minneapolis, MN 55439-0846	-	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one. ☐ Debtor 1 only	_	
		☐ Contingent	
	Debtor 2 only	Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify collextion: Citibank/Sears	
4.24	NYU Langone Physician Services	Last 4 digits of account number 8659	\$442.24
	Nonpriority Creditor's Name		·
	PO Box 415662	When was the debt incurred?	
	Boston, MA 02241-5662		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.25	Pay Pal Credit /GECRB	Last 4 digits of account number 7041	\$409.87
	Nonpriority Creditor's Name	When was the debt incurred?	
	PO Box 960080	when was the dept incurred:	
	Orlando, FL 32896-0080		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other Specify	

Debto Debto	Sanacore, Frank & Sanacore, Lyn	ne M Case number (f know)		
4.26	Richmond University Medical Ctr Nonpriority Creditor's Name	Last 4 digits of account number 5823	\$710.02	
		When was the debt incurred?		
	PO Box 788051 Philadelphia, PA 19178-8051 Number Street City State Zlp Code	As of the date year file the claim in Check all that each		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts		
	Yes	■ Other. Specify V00090682469		
4.27	RMS	Last 4 digits of account number 1520	\$102.20	
	Nonpriority Creditor's Name	When was the debt incurred?		
	PO Box 280431	Their was the dest mounted.		
	East Hartford, CT 06128-0431	_		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	Debtor 1 only	Пол		
	Debtor 2 only	☐ Contingent ☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify		
	Rreceivables Performance		4000.00	
4.28	Mangement Nonpriority Creditor's Name	Last 4 digits of account number 8821	\$206.00	
	Nonpholity Creditor's Name	When was the debt incurred?		
	PO Box 1548			
	Lynnwood, WA 98046-1548 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	To the same year may and committee concern an area appropriately		
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	□ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not		
	No	report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other Specify Collection" World Financial Network Bank		

Debto Debto	r 1 r 2 Sanacore, Frank & Sanacore, Lyn	nne M Case number (f know)							
4.29	Rubin & Rothman	Last 4 digits of account number 3889	\$42,095.69						
	Nonpriority Creditor's Name	When was the debt incurred?							
	1787 Veterans Hwy Islandia, NY 11749-1500								
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply							
	Who incurred the debt? Check one.								
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	■ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:							
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims							
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts							
	Yes	■ Other. Specify Collection: Ford Motor Credit Co Index No.: 08R013327 - R & R file no.: 0673889							
4.30	Rubin & Rothman	Last 4 digits of account number 1886	\$12,404.55						
	Nonpriority Creditor's Name	When was the debt incurred?							
	1787 Veterans Hwy	when was the debt incurred?							
	Islandia, NY 11749-1500								
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply							
	Who incurred the debt? Check one.								
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	■ Debtor 1 and Debtor 2 only	☐ Disputed							
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:							
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims							
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts							
	Yes	■ Other. Specify collection: Ford Motor Credit Co. (***3724)							
4.31	RUI Credit Service	Last 4 digits of account number 3863	\$376.41						
	Nonpriority Creditor's Name	When was the debt incurred?							
	PO Box 1349								
	Melville, NY 11747-0421	_							
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply							
	Who incurred the debt? Check one.								
	Debtor 1 only								
	Debtor 2 only								
	■ Debtor 1 and Debtor 2 only	Disputed							
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: Student loans							
	☐ Check if this claim is for a community debt								
	Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims							
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts							
	☐ Yes ☐ Other. Specify collection: Time Warner Cable								

Debtor Debtor		nne M	Case number (f know)	
4.32	State of New York	Last 4 digits of account number	4998	\$12,259.00
Nonpriority Creditor's Name		When was the debt incurred?		
	110 State St			
	Albany, NY 12207-2027			
	Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts	
		· ·		
	Yes	Other. Specify	ate account opened 8/21/2012	
Part 3:	List Others to Be Notified About a De	bt That You Already Listed		
is tryi have	nis page only if you have others to be notified ing to collect from you for a debt you owe to s more than one creditor for any of the debts the ed for any debts in Parts 1 or 2, do not fill out	omeone else, list the original creditor in at you listed in Parts 1 or 2, list the add	Parts 1 or 2, then list the collection agency	here. Similarly, if you
Name a	and Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?	
	rd Srvc	Line 4.1 of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Clair	ns
-	loes Ln	ı	Part 2: Creditors with Nonpriority Unsecured (Claims
Pisca	taway, NJ 08854-4138	Last 4 digits of account number	1227	
1st C	and Address rd Srvc	On which entry in Part 1 or Part 2 did yo Line 4.2 of (Check one):	u list the original creditor? ☑ Part 1: Creditors with Priority Unsecured Clair	ms
-	loes Ln	ı	Part 2: Creditors with Nonpriority Unsecured 0	Claims
Pisca	taway, NJ 08854-4138	Last 4 digits of account number	1228	
Name a	and Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?	
	en State Veterin Ary Speci A	·	☐ Part 1: Creditors with Priority Unsecured Clair	ns
	•	-	Part 2: Creditors with Nonpriority Unsecured 0	
		Last 4 digits of account number	8413	
	and Address	On which entry in Part 1 or Part 2 did yo		
	s/capone V 17000 Ridgewood Dr		☐ Part 1: Creditors with Priority Unsecured Clair	
	monee Falls, WI 53051		Part 2: Creditors with Nonpriority Unsecured 0	Claims
		Last 4 digits of account number	9184	
Name a	and Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?	
	nd Funding	Line <u>4.9</u> of (<i>Check one</i>):	$oldsymbol{\square}$ Part 1: Creditors with Priority Unsecured Clair	ns
	Northside Dr Ste 30	ı	Part 2: Creditors with Nonpriority Unsecured 0	Claims
San L	Diego, CA 92108-2709	Last 4 digits of account number	9776	
Nome	and Address	On which entry in Part 1 or Part 2 did yo	u list the original graditor?	
	olio Recovery Ass		\square Part 1: Creditors with Priority Unsecured Clair	ms
	orporate Blvd Ste 1	-	Part 2: Creditors with Nonpriority Unsecured 0	
Norfo	lk, VA 23502-4952	Last 4 digits of account number		
		Last Faigns of account number	2078	
	and Address	On which entry in Part 1 or Part 2 did yo		
	olio Recovery Ass		Part 1: Creditors with Priority Unsecured Clair	
	orporate Blvd Ste 1 lk, VA 23502-4952		Part 2: Creditors with Nonpriority Unsecured 0	Claims
	,,	Last 4 digits of account number	1506	

Debtor 1 Debtor 2 Sanacore, Frank & Sanacore, L	ynne M	Case number (f know)				
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?					
Portfolio Recovery Ass	Line 4.16 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
120 Corporate Blvd Ste 1		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Norfolk, VA 23502-4952	Last 4 digits of account number	1083				
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?				
Portfolio Recovery Ass	Line 4.14 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
120 Corporate Blvd Ste 1 Norfolk, VA 23502-4952		Part 2: Creditors with Nonpriority Unsecured Claims				
NOTION, VA 23302-4932	Last 4 digits of account number	7041				
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?				
Unknown Plaintiff	Line 4.32 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
	Last 4 digits of account number	■ Part 2: Creditors with Nonpriority Unsecured Claims 4998				
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?				
Unknown Plaintiff	Line 4.22 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
	Last 4 digits of account number	■ Part 2: Creditors with Nonpriority Unsecured Claims 10RI				

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims				-	
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	318,497.16
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	318,497.16

Fill in this inforr	mation to identify your	case:			
Debtor 1	Frank Sanacore				
	First Name	Middle Name	Last Name		
Debtor 2	Lynne M Sanaco	re			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK, BROOKLYN DI	VISION	
Case number _					Check if this is an
					amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person o	r company with	n whom you have the or, Street, City, State and ZIP	e contract or lease Code	State what the contract or lease is for
2.1			·		
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.3	Oity		Otate	Zii Gode	
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.4	- ,				
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5	• •				
	Name				
	Number	Street			_
	City		State	ZIP Code	_

Official Form 106G

Fill in this ir	nformation to identify your	case:			
Debtor 1	Frank Sanacore First Name	Middle Name	Loot Nome		
Debtor 2			Last Name	1	
(Spouse if, filing)	Lynne M Sanaco	Middle Name	Last Name		
United State	s Bankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK, BROOKI	YN DIVISION	
Case numbe	er				
(if known)					☐ Check if this is an
					amended filing
Official	Form 106H				
	ıle H: Your Cod	ohtors			40/45
Scriedi	ile n. Toul Cou	EDIOI 2			12/15
	r (if known). Answer every o ou have any codebtors? (If y	•	o not list either spouse as	a codebtor.	
■ No					
☐ Yes					
Californi No. G	n the last 8 years, have you ia, Idaho, Louisiana, Nevada, So to line 3. Did your spouse, former spous	New Mexico, Puerto Rico,	, Texas, Washington, and		ates and territories include Arizona,
line 2 ag	gain as a codebtor only if th Schedule E/F (Official Form	at person is a guarantor	or cosigner. Make sure	you have listed the cred	th you. List the person shown in ditor on Schedule D (Official Forn E/F, or Schedule G to fill out
	olumn 1: Your codebtor Ime, Number, Street, City, State and Z	IP Code		Column 2: The credi Check all schedules	tor to whom you owe the debt that apply:
3.1				☐ Schedule D, line	
	ame			Schedule E/F, line	
				☐ Schedule G, line	
- Nı	umber Street			_	
Ci		State	ZIP Code		
3.2				☐ Schedule D, line	
	ame			_ ☐ Schedule E/F, line	e
				☐ Schedule G, line	
Nu	umber Street			_	
Ci		State	ZIP Code		

Official Form 106H Software Copyright (c) 1996-2017 CIN Group - www.cincompass.com Schedule H: Your Codebtors

						ı					
	in this information to identify your captor 1 Frank Sana										
Deb	otor 2 Lynne M Sa use, if filing)				_						
	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF NEW YORK, BR	OOKLYN							
(If kn	se number lown)		-			Check if this is: An amende A supplement income as come	ed fi	showir		chapter 13	
	fficial Form 106I					MM / DD/ Y	ϓY	<u> </u>			
S	chedule I: Your Inc	ome								12/15	
spoi atta	olying correct information. If you use. If you are separated and you ch a separate sheet to this form. Out to be	r spouse is not filing wit	h you, do not includ nal pages, write you	e informa	atior	n about your spou case number (if kn	se. ow	If mo n). An	re space is ne nswer every qu	eded,	
	information.		Debtor 1 ■ Employed						filing spouse		
	If you have more than one job, attach a separate page with	Employment status	☐ Not employed			_ `	■ Employed□ Not employed				
	information about additional employers.	Occupation	carpenter			— 140 (C)	_ Not employed				
	Include part-time, seasonal, or self-employed work.	Employer's name		Total Concept Construction				n Church of the Holy Child			
	Occupation may include student of homemaker, if it applies.	Employer's address		Merrick Rd Fl 2 ockville Centre, NY 570-4726			4747 Amboy Rd Staten Island, NY 10312-4153				
		How long employed th	nere?								
Par	t 2: Give Details About Mor	thly Income									
	mate monthly income as of the dass you are separated.	te you file this form. If y	ou have nothing to rep	oort for any	y line	e, write \$0 in the spa	ace.	Inclu	de your non-filir	ng spouse	
	u or your non-filing spouse have mor e, attach a separate sheet to this for		bine the information fo	or all emplo	oyers	for that person on	the	lines	below. If you ne	ed more	
						For Debtor 1			ebtor 2 or iling spouse		
2.	List monthly gross wages, salar deductions). If not paid monthly, c			2.	\$	9,424.13	5	\$	845.00		
3.	Estimate and list monthly overti	me pay.		3.	+\$	0.00	+	+\$_	0.00		
4.	Calculate gross Income. Add lin	e 2 + line 3.		4.	\$	9,424.13		\$_	845.00		

Official Form 106I Schedule I: Your Income page 1

	tor 1 tor 2	Sanacore, Frank & Sanacore, Lynne M	_	Case	number (if known)		
				For	Debtor 1	For Deb	otor 2 or ng spouse
	Cop	by line 4 here	4.	\$	9,424.13	\$	845.00
5.	List	all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	2,661.85	\$	80.10
	5b.	Mandatory contributions for retirement plans	5b.	<u>*</u> —	0.00	\$	0.00
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	0.00
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00
	5e.	Insurance	5e.	\$	0.00	\$	0.00
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00
	5g.	Union dues	5g.	\$	1,036.66	\$	0.00
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	0.00
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	3,698.51	\$	80.10
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	5,725.62	\$	764.90
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00
	8b.	Interest and dividends	8b.	\$_	0.00	\$	0.00
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		· <u> </u>		·	
		settlement, and property settlement.	8c.	\$	0.00	\$	0.00
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00
	8e.	Social Security	8e.	\$	0.00	\$	0.00
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00
	8g.	Pension or retirement income	— 8g.	\$ _	0.00	\$	0.00
	8h.	Other monthly income. Specify:	8h.+	\$		+ \$	0.00
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00
10.		culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		5,725.62 + \$_	764.	90 = \$ 6,490.52
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your dear friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not available.	ependen			Schedule .	J. 11. +\$0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The resulte that amount on the Summary of Schedules and Statistical Summary of Certain					12. \$ 6,490.52
13.	Do	you expect an increase or decrease within the year after you file this form?	?				Combined monthly income
		No.					

Official Form 106I Schedule I: Your Income page 2

						•		
Fill ir	n this informa	ation to identify you	ur case:					
Debte	or 1	Frank Sanac	ore			Che	eck if this is:	
	_						An amended filing	
Debto	or 2 use, if filing)	Lynne M San	acore				A supplement show expenses as of the	ring postpetition chapter 13 following date:
(Spot	use, ii iiiiiig)						expenses as or the	Tollowing date.
Unite	ed States Bankı	ruptcy Court for the:		RN DISTRICT OF NEW YO (LYN DIVISION	ORK,		MM / DD / YYYY	
Case (If kn	e number own)							
Of	ficial Fo	orm 106J				J		
Sc	hedule	J: Your E	xpen	ses				12/1
Be a infor (if kr	s complete a rmation. If m nown). Answ	and accurate as pore space is nee ver every questio	oossible. ded, attac n.	If two married people are the another sheet to this for				
Part 1.	Is this a joir	ribe Your Househ	nold					
٠.	□ No. Go to							
		es Debtor 2 live in	a senara	te household?				
			a copara	to modomora i				
	■ N		t file Offici	al Form 106J-2, <i>Expenses</i> a	for Separate Housel	noldof Debte	or 2.	
2.	Do you hav	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents				Son		22	■ Yes
								□ No
					Son		19	Yes
								□ No
					Son		13	Yes
								□ No
3.	expenses o	penses include f people other th d your dependen	an ┌	No Yes				☐ Yes
expe	mate your ex		ur bankru	y Expenses ptcy filing date unless yo is filed. If this is a suppl				
valu		sistance and hav		overnment assistance if dit on Schedule I: Your I			Your exp	enses
4.		or home ownersh and any rent for the		ses for your residence. In lot.	clude first mortgage	4.	\$	2,200.00
	If not include	ded in line 4:						
	40	notato tavas				4 -	¢	0.00
		estate taxes erty, homeowner's,	or renter's	insurance		4a. 4b.	·	0.00
		e maintenance, rep				4b. 4c.		0.00 0.00
		eowner's association				4d.		0.00
5				ur residence, such as hon	ne equity loans	5	\$	0.00

ebtor 1 ebtor 2	Sanacore, Frank & Sanacore, L	Lynne M Car	se num	ber (if known)	
S. Util	ties:				
6a.	Electricity, heat, natural gas		6a.	\$	500.00
6b.	Water, sewer, garbage collection		6b.	\$	0.00
6c.	Telephone, cell phone, Internet, satell	ite, and cable services	6c.	\$	560.00
6d.	Other. Specify:		6d.	\$	0.00
Foo	d and housekeeping supplies		7.	\$	1,200.00
Chi	dcare and children's education costs		8.	\$	0.00
Clo	hing, laundry, and dry cleaning		9.	\$	400.00
). Per	sonal care products and services		10.	\$	100.00
. Me	lical and dental expenses		11.	\$	150.00
2. Tra	nsportation. Include gas, maintenance,	bus or train fare.			
	not include car payments.		12.	\$	450.00
3. Ent	ertainment, clubs, recreation, newspar	pers, magazines, and books	13.	\$	0.00
. Cha	ritable contributions and religious do	nations	14.	\$	80.00
	irance.				
	not include insurance deducted from you	r pay or included in lines 4 or 20.	45-	r.	22.22
	Life insurance		15a.	·	30.00
	Health insurance		15b.	·	0.00
	Vehicle insurance		15c.	·	450.00
	Other insurance. Specify:		15d.	\$	0.00
Spe	es. Do not include taxes deducted from your cify:	our pay or included in lines 4 or 20.	16.	\$	0.00
	allment or lease payments:		170	¢.	247.00
	Car payments for Vehicle 1		17a.	·	317.00
	Car payments for Vehicle 2		17b.	·	0.00
	Other. Specify:		17c.	\$	0.00
	Other. Specify:	and a second that a second as	17d.	>	0.00
		and support that you did not report as ule I, Your Income (Official Form 106I).	18.	\$	0.00
Oth	er payments you make to support other	ers who do not live with you.		\$	0.00
	cify:	····· , ····	19.		0.00
	·	d in lines 4 or 5 of this form or on Schedule	I: You	r Income.	
20a	Mortgages on other property		20a.	\$	0.00
20b	Real estate taxes		20b.	\$	0.00
20c	Property, homeowner's, or renter's insu	urance	20c.	\$	0.00
20d	Maintenance, repair, and upkeep exper	nses	20d.	\$	0.00
20e	Homeowner's association or condomir	nium dues	20e.	\$	0.00
. Oth	er: Specify: pet food/vet		21.	+\$	150.00
	irt ordered restitution		•	+\$	1,792.00
			•		
	culate your monthly expenses			_	0.070.00
	Add lines 4 through 21.	hter 2) if any from Official Form 10010		\$	8,379.00
	.,	btor 2), if any, from Official Form 106J-2		\$	
22c	Add line 22a and 22b. The result is your	monthly expenses.		\$	8,379.00
B. Cal	culate your monthly net income.				
	Copy line 12 (your combined monthly in	income) from Schedule I.	23a.	\$	6,490.52
	Copy your monthly expenses from line		23b.	-\$	8,379.00
	•				
23c	Subtract your monthly expenses from y	our monthly income.			4 000 40
	The result is your monthly net income.	-	23c.	\$	-1,888.48
For	example, do you expect to finish paying for you fication to the terms of your mortgage?	your expenses within the year after you file ur car loan within the year or do you expect your mor			e or decrease because of a
11,	es i exdiain nere:				

Fill in this inform	mation to identify your	••••	
	mation to identify your	case:	
Debtor 1	Frank Sanacore	Middle Name Last Name	\
Debtor 2	Lynne M Sanaco		ľ
(Spouse if, filing)	First Name	Middle Name Last Name	 \
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT OF NEW YORK, BROOKLYN DIV	ISION
Case number			
(if known)			☐ Check if this is an
			amended filing
You must file thi obtaining money	s form whenever you fi	both are equally responsible for supplying correct info e bankruptcy schedules or amended schedules. Making in connection with a bankruptcy case can result in fines 519, and 3571.	g a false statement, concealing property, or
Sig	n Below		
Did you pa	y or agree to pay some	one who is NOT an attorney to help you fill out bankrup	tcy forms?
■ No			
☐ Yes. N	Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
that they ar	alty of perjury, I declare e true and correct. Ink Sanacore	that I have read the summary and schedules filed with t X /s/ Lynne M Sar	
	Sanacore	Lynne M Sanac	ore
Signatu	re of Debtor 1	Signature of Debto	72
Date _	June 12, 2017	Date June 12,	2017

Fill	in this information to identify you	ur case:			
Deb	ptor 1 Frank Sanacor				
Det	First Name Lynne M Sana	Middle Name	Last Name		
	use if, filing) First Name	Middle Name	Last Name		
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT O	F NEW YORK, BROOKLYN DIVISION		
Cas	se number				
(if kn	nown)				Check if this is an imended filing
Su Be a	s complete and accurate as poss	ible. If two married people a ules first; then complete the	nd Certain Statistical Information are filing together, both are equally responsible for a information on this form. If you are filing amended the box at the top of this page.		
Par	t 1: Summarize Your Assets				
					our assets alue of what you own
1.	Schedule A/B: Property (Official	Form 106A/B)			
	1a. Copy line 55, Total real estate	e, from Schedule A/B		\$	0.00
	1b. Copy line 62, Total personal p	property, from Schedule A/B		\$	77,180.00
	1c. Copy line 63, Total of all property	erty on Schedule A/B		\$	77,180.00
Par	t 2: Summarize Your Liabilities	S			
					P-1-194
					our liabilities mount you owe
2.	Schedule D: Creditors Who Have	Claims Secured by Property I	Official Form 106D)		
۷.			e bottom of the last page of Part 1 of Schedule D	\$	19,193.00
3.	Schedule E/F: Creditors Who Hav	ve Unsecured Claims (Official	Form 106E/F)		
			s) from line 6e d3chedule E/F	\$	0.00
	3b. Copy the total claims from Pa	art 2 (nonpriority unsecured cl	aims) from line 6j & chedule E/F	\$	318,497.16
			Your total liabilities	\$	337,690.16
Par	t 3: Summarize Your Income a	nd Expenses			
4.	Schedule I: Your Income(Official Copy your combined monthly income			\$	6,490.52
5.	Schedule J: Your Expenses (Office Copy your monthly expenses from			\$	8,379.00
Par	t 4: Answer These Questions f	or Administrative and Statis	etical Records		
			Modification as		
6.	Are you filing for bankruptcy ur ☐ No. You have nothing to repo		ck this box and submit this form to the court with your o	ther sc	hedules.
7.	■ Yes What kind of debt do you have?	?			
			ebts are those "incurred by an individual primarily for a pcal purposes. 28 U.S.C§ 159.	ersona	al, family, or household
	Your debts are not primari court with your other schedul		e nothing to report on this part of the form. Check this b	ox and	submit this form to the

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1	
Debtor 2	Sanacore, Frank & Sanacore, Lynne M

Case number (if known)

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

10,269.13

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill	in this info	rmation to identify your	case.			
	tor 1	Frank Sanacore				
		First Name	Middle Name	Last Name		
Deb	tor 2	Lynne M Sanaco	ore			
(Spo	use if, filing)	First Name	Middle Name	Last Name		
Unit	ed States B	ankruptcy Court for the:	EASTERN DISTRICT OF	NEW YORK, BROOKLYN D	IVISION	
Cas (if kn	e number own)				-	heck if this is an mended filing
Sta	atemen		Affairs for Individue.		ankruptcy	4/16
		more space is needed, a wer every question.	attach a separate sheet to th	nis form. On the top of any	additional pages, write your r	name and case number
Par	1: Give	Details About Your Ma	rital Status and Where You	Lived Before		
1.	What is yo	ur current marital statu	s?			
	☐ Marrie					
2.	During the	last 3 years, have you	lived anywhere other than v	here you live now?		
	■ No □ Yes. L	ist all of the places you liv	ed in the last 3 years. Do not i	nclude where you live now.		
	Debtor 1 I	Prior Address:	Dates Debtor 1 there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					y property state or territory? co, Texas, Washington and Wis	
	■ No □ Yes. N	Make sure you fill out <i>Sch</i> e	edule H: Your Codebtors (Offi	cial Form 106H).		
Par	Expl	ain the Sources of You	Income			
	Fill in the to	tal amount of income you	ployment or from operating u received from all jobs and a ave income that you receive to	Il businesses, including part-		ar years?
	□ No ■ Yes. F	fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
the date you filed for hankruntcy.		■ Wages, commissions, bonuses, tips	\$42,411.00	■ Wages, commissions, bonuses, tips	\$3,945.00	
			☐ Operating a business		☐ Operating a business	

Official Form 107

Debtor 1 Debtor 2 Sanacore, Frank & Sanacore, Lynne M Case					se number (if known)				
				5 1			D.L.		
				Sources of income Check all that apply.		s income e deductions and ions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
	or last calen anuary 1 to	dar year: December	31, 2016)	■ Wages, commissions bonuses, tips	,	\$107,440.00	■ Wages, combonuses, tips	nmissions,	\$11,073.00
				☐ Operating a business			☐ Operating a	business	
5.	Include incother publication you are fili	come regard ic benefit pay ng a joint cas	less of wheth yments; pens se and you h	e during this year or the to ler that income is taxable. Ex- sions; rental income; interest; ave income that you received ome from each source separa	amples of other dividends; not together, list	her income are alim noney collected fron t it only once under	n lawsuits; royalties Debtor 1.	; and gamblin	
	■ No □ Yes.	Fill in the de	etails.						
				Dalifand			D-1-1 0		
				Debtor 1 Sources of income Describe below.	each	s income from source e deductions and ions)	Debtor 2 Sources of inc Describe below		Gross income (before deductions and exclusions)
5.	■ Yes.	Neither De individual puring the No. Yes * Subject	90 days befor 3 go to line List below creditor. D payments to adjustmer 90 days befor 3 go days befor 3 days befor 4 go to line List below payments this bankro	each creditor to whom you po not include payments for to an attorney for this bankrut on 4/01/19 and every 3 year both have primarily concreyou filed for bankruptcy, of the concreditor to whom you poor domestic support obligati	sumer debted bid purpose." did you pay a laid a total of domestic supptcy case. It is after that for sumer debted you pay a laid a total of ons, such as	ny creditor a total of \$6,425* or more in opport obligations, so for cases filed on or s. ny creditor a total of \$600 or more and the second of the second	\$6,425* or more? one or more payme uch as child support after the date of ad \$600 or more? ne total amount you alimony. Also, do no	nts and the to rt and alimon ljustment. paid that cre t include payi	otal amount you paid that y. Also, do not include ditor. Do not include
						paid	still owe		,
7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony No						rtner; corporations of including one for a			
	_	List all paym	ents to an in	sider.					
	Insider's	Name and	Address	Dates of pay	ment	Total amount paid	Amount you still owe	Reason fo	r this payment

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an

Sanacore, Frank & Sanacore, Lynne M		Case number (if known)			
insider? Include payments on debts guaranteed or cos	signed by an insider				
include payments on debts guaranteed or cos	signed by an insider.				
No					
Yes. List all payments to an insider	Data a funcional	T-(-1	A	D (1)	
Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the Include credit	
t 4: Identify Legal Actions, Repossession	ons, and Foreclosures				
Within 1 year before you filed for bankrup List all such matters, including personal injury and contract disputes.	otcy, were you a party in a cases, small claims actions	ny lawsuit, court actior s, divorces, collection suit	n, or administrates, paternity action	tive proceeding ns, support or cu	? stody modifications,
□ No					
Yes. Fill in the details.					
Case title Case number	Nature of the case	Court or agency		Status of the	case
Check Exchange LLC v. Vincent		Superior Coiurt	of New	☐ Pending	
Guida & Frank Sannacore		Jersery, Middles		☐ On appea	I
MID L 2186-08				☐ Concluded	b
North Star Capital Acq. LLC v.	consumer debt	Civil Court, Rich	mond	☐ Pending	
Sanacore, Lynn M	consumer debt	Count	illona	☐ On appea	I
006093/10				☐ Concluded	d
Ford Mortor Credit Co v.	consumer debt	Civil Court, Rich	mond	☐ Pending	
Sanacore, Frank		County		☐ On appea	I
08R013327				☐ Concluded	d
Garden State Veterinary Spec v.		Civil Court, Rich	mond	☐ Pending	
Frank Sanacore		County		On appea	
R018769/11				☐ Concluded	d
Within 1 year before you filed for bankrup Check all that apply and fill in the details below		perty repossessed, fore	closed, garnish	ed, attached, se	eized, or levied?
□ No. Go to line 11.					
Yes. Fill in the information below.					
Creditor Name and Address	Describe the Property	1	Date		Value of the
	Explain what happen	ed			property
Ford Motor Credit Company LLC	wage garnishment	- B292633	6/6/1	7	\$42,095.69
3635 Bell Blvd Bayside, NY 11361-2167	☐ Property was reposs	hassas			
bayside, NT 11301-2107	☐ Property was forecle				
	☐ Property was garnis				
	☐ Property was attach	ed, seized or levied.			
Within 90 days before you filed for bankru accounts or refuse to make a payment be No Yes Fill in the details.		cluding a bank or finand	cial institution,	set off any amo	unts from your
	Describe the setion th	o craditor took	Doto	action was	A ma
Creditor Name and Address	Describe the action the	ie creditor took	taken	action was	Amoun

	Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or			
	oodit appointed receiver, a oustodian, or	otcy, was any of your property in the possession of an a another official?	ssignee for the benefit	of creditors, a
	■ No □ Yes			
Par	t 5: List Certain Gifts and Contributions	s		
13.	Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift.	uptcy, did you give any gifts with a total value of more th	an \$600 per person?	
	Gifts with a total value of more than \$600 person	O per Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:			
14.		uptcy, did you give any gifts or contributions with a total ntribution.	l value of more than \$6	00 to any charity?
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code	ŕ	Dates you contributed	Value
Par	t 6: List Certain Losses			
	Within 1 year before you filed for bankrup or gambling?	otcy or since you filed for bankruptcy, did you lose anytl	hing because of theft, t	ire, other disaster,
	■ No			
	☐ Yes. Fill in the details.			
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Par	t 7: List Certain Payments or Transfers			
16.	Within 1 year before you filed for bankrup consulted about seeking bankruptcy or p	otcy, did you or anyone else acting on your behalf pay o		to anyone you
	□ No			
	Yes. Fill in the details.			
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Kevin B. Zazzera, Esq. 182 Rose Ave Ste 3 Staten Island, NY 10306-2900	legal fee		\$2,750.00
	greenpath	credit counciling		\$100.00

	tor 1 Sanacore, Frank & Sanacore, Ly	nne M		Case number	er (if known)	
17.	Within 1 year before you filed for bankruptc promised to help you deal with your credito Do not include any payment or transfer that you	rs or to make payments			or transfer any propert	y to anyone who
	■ No □ Yes. Fill in the details.					
	Person Who Was Paid Address	Description and v transferred	alue of any pro	perty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankrupt transferred in the ordinary course of your b Include both outright transfers and transfers ma gifts and transfers that you have already listed o No Yes. Fill in the details.	usiness or financial affai de as security (such as the	rs?		-	
	Person Who Received Transfer Address	Description and v property transfer		paymen	e any property or ts received or debts exchange	Date transfer was made
19.	Person's relationship to you Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details.		/ property to a s	self-settled tr	ust or similar device o	f which you are a
	Name of trust Description and value of the pr			operty transferred Date Transfe		
Par	List of Certain Financial Accounts, Ins	struments, Safe Deposit	Boxes, and Sto	rage Units		
 Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, close sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. 						
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	o n	Date account was closed, sold, noved, or ransferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 y cash, or other valuables?	year before you filed for	bankruptcy, an	y safe deposi	it box or other deposito	ory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S and ZIP Code)		Describe the	e contents	Do you still have it?
22.	Have you stored property in a storage unit o	or place other than your	home within 1 y	ear before y	ou filed for bankruptcy	?
	☐ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S and ZIP Code)		Describe the	e contents	Do you still have it?

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for

	otor 1 otor 2 Sanacore, Frank & Sanacore, Lynn	Case number (if known)						
	someone.							
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value				
Par	t 10: Give Details About Environmental Informa	ation						
For	the purpose of Part 10, the following definitions	apply:						
	Environmental law means any federal, state, or toxic substances, wastes, or material into the ai controlling the cleanup of these substances, wastes,	r, land, soil, surface water, ground	- ·					
	Site means any location, facility, or property as own, operate, or utilize it, including disposal site		aw, whether you now own, operate, or	utilize it or used to				
	Hazardous material means anything an environ material, pollutant, contaminant, or similar term		waste, hazardous substance, toxic su	bstance, hazardous				
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of when	they occurred.					
24.	Has any governmental unit notified you that you	u may be liable or potentially liable	under or in violation of an environme	ntal law?				
	■ No							
	Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of any	release of hazardous material?						
	■ No							
	☐ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or adminis	strative proceeding under any envir	ronmental law? Include settlements ar	nd orders.				
	■ No							
	Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Par	t 11: Give Details About Your Business or Con	nections to Any Business						
27.		-	y of the following connections to any	business?				
	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?							
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
	☐ A partner in a partnership		· ·					
	☐ An officer, director, or managing execut	tive of a corporation						
	☐ An owner of at least 5% of the voting or	equity securities of a corporation						

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	otor 1 otor 2 Sanacore, Frank & Sanacore, Ly	nne M	Cas	e number (if known)
				·
	■ No. None of the above applies. Go to Pa	art 12.		
	\hfill Yes. Check all that apply above and fill	in the details be	low for each business.	
	Business Name Address (Number, Street, City, State and ZIP Code)		ature of the business	Employer Identification number Do not include Social Security number or ITIN.
				Dates business existed
28.	Within 2 years before you filed for bankrupto institutions, creditors, or other parties.	cy, did you give	a financial statement to any	one about your business? Include all financial
	■ No □ Yes. Fill in the details below.			
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued		
Pai	112: Sign Below			
true ban		statement, con	cealing property, or obtaining	clare under penalty of perjury that the answers are ng money or property by fraud in connection with th.
	Frank Sanacore		nne M Sanacore	
	nk Sanacore nature of Debtor 1		e M Sanacore cure of Debtor 2	
Dat	June 12, 2017	Date	June 12, 2017	
Did ■ N		nt of Financial A	ffairs for Individuals Filing fo	or Bankruptcy (Official Form 107)?
		•		orms? Signature (Official Form 119).

Fill in this information to identify your case: Debtor 1 Debtor 2 (Spouse, if filling) Check one box only as directed in this form and i 122A-1Supp: □ 1. There is no presumption of abuse	n Form
Debtor 2 Lynne M Sanacore	
Eastern District of New York, Brooklyn United States Bankruptcy Court for the Division Eastern District of New York, Brooklyn Applies will be made under Chapter 7 Metables 1. The calculation to determine if a presumption applies will be made under Chapter 7 Metables 1. The calculation to determine if a presumption applies will be made under Chapter 7 Metables 2. The calculation to determine if a presumption applies will be made under Chapter 7 Metables 2. The calculation to determine if a presumption applies will be made under Chapter 7 Metables 2. The calculation to determine if a presumption applies will be made under Chapter 7 Metables 2. The calculation to determine if a presumption applies will be made under Chapter 7 Metables 2. The calculation to determine if a presumption applies will be made under Chapter 7 Metables 2. The calculation to determine if a presumption applies will be made under Chapter 7 Metables 2. The calculation to determine if a presumption applies will be made under Chapter 7 Metables 2. The calculation applies will be made under Chapter 7 Metables 2. The calculation applies will be made under Chapter 3. The calculation applies will be made under Chapter 3. The calculation applies will be made under Chapter 3. The calculation applies will be made under Chapter 3. The calculation applies will be made under Chapter 3. The calculation applies will be made under Chapter 3. The calculation applies will be made under Chapter 3. The calculation applies will be made under Chapter 3. The calculation applies will be made under Chapter 3. The calculation applies will be made under Chapter 3. The calculation applies will be made under Chapter 3. The calculation applies will be made under Chapter 3. The calculation applies will be made under Chapter 3. The calculation applies will be made under Chapter 3. The calculation applies will be made under Chapter 3. The calculation applies will be made under Chapter 3. The calculation applies will be made under Chapter 3. The calculation applies will be	
Case number	use of qualified
☐ Check if this is an amended filing	
Official Form 122A - 1	
Chapter 7 Statement of Your Current Monthly Income	12/15
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your nanumber (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or becaumilitary service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form Calculate Your Current Monthly Income	me and case se of qualifying
1. What is your marital and filing status? Check one only.	
□ Not married. Fill out Column A, lines 2-11.	
■ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.	
☐ Married and your spouse is NOT filing with you. You and your spouse are:	
Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.	
Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you dependity of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).	
Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if b own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.	varied during the
Column A Column B Debtor 1 Debtor 2 or non-filing spouse	
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). \$ 9,424.13 \$ 845.00	
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. \$ 0.00 \$ 0.00	
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3 \$ 0.00 \$ 0.00	
5. Net income from operating a business, profession, or farm	
Debtor 1	
Gross receipts (before all deductions) \$\frac{0.00}{0.00}\$	
Ordinary and necessary operating expenses	
Net menting meetine from a business, profession, or farm \$\pi\$	
6. Net income from rental and other real property Debtor 1	
0.00	
Gross receipts (before all deductions) \$ 0.00	
Ordinary and necessary operating expenses -\$ 0.00	

Official Form 122A-1

0.00

\$

0.00

7. Interest, dividends, and royalties

Debtor 1 Debtor 2	Sanacore, Fr	ank & Sanacore, Lynn	e M		Case numb	er (if known)			_
					Column A Debtor 1		Column B Debtor 2 o		
8. Un	employment con	pensation			\$	0.00	\$	0.00	
		unt if you contend that the and the an	mount received was a	benefit under the	e				
F	For you		\$	0.00					
				0.00					
9. Per	nsion or retireme der the Social Seco	Int income. Do not include aurity Act.	any amount received t		\$	0.00	\$	0.00	
not a vi	include any benefictim of a war crim	er sources not listed above its received under the Socia e, a crime against humanity, r sources on a separate pag	I Security Act or paym or international or do	nents received as mestic terrorism.					
					\$	0.00	\$	0.00	
					\$	0.00	\$	0.00	
	Total amour	its from separate pages, if a	ny.	+	\$	0.00	\$	0.00	
		current monthly income. idd the total for Column A to			9,424.13	+ _	845.00	= \$ 10,269.13 Total current month	
Part 2:	Determine W	hether the Means Test Ap	plies to You					income	
12. Ca l	lculate your curr	ent monthly income for th	e year. Follow these	steps:					
12a	a. Copy your total	current monthly income fro	m line 11		Cop	y line 11 ł	nere=>	\$ 10,269.13	3_
	Multiply by 12 (t	the number of months in a y	/ear)					x 12	
12b	o. The result is you	ır annual income for this par	t of the form				121	b. \$ 123,229.56	-
13. Ca l	culate the media	n family income that appl	ies to you. Follow the	ese steps:				<u> </u>	
Fill	in the state in which	ch you live.	NY						
Fill	in the number of	people in your household.	5						
То	find a list of applic	nily income for your state and cable median income amou so be available at the bank	nts, go online using t	he link specified	in the separa	ate instructi	13. ions for this	\$ 100,398.00	
14. Ho	w do the lines co	mpare?							
14a	a.	o is less than or equal to lin art 3.	e 13. On the top of pa	age 1, check box	(1T,here is no	presumption	on of abuse.		
14		o is more than line 13. On t art 3 and fill out Form 122A		ck box 2T,he pres	sumption of a	buse is det	ermined by F	Form 122A-2.	
Part 3:	Sign Below								
	By signing here,	I declare under penalty of p	erjury that the informa	ation on this state	ment and in	any attachn	nents is true a	and correct.	
	X /s/ Frank S	anacore		X /s/ Lyn	ne M Sana	acore			
	Frank Sana Signature of				M Sanaco				
D	ate June 12, 2	017		Date June 1		۷			
	MM / DD / Y	YYY	•		O / YYYY				
	If you checked I	ine 14a, do NOT fill out or f	ile Form 122A-2.						
	If you checked I	ine 14b, fill out Form 122A-	2 and file it with this	form.					

Official Form 122A-1

Fill in this information to identify your case:	Check the appropriate box as directed in
Debtor 1 Frank Sanacore	lines 40 or 42:
Debtor 2	According to the calculations required by this Statement:
United States Bankruptcy Court for the: Eastern District of New York, Brooklyn Division	■ 1. There is no presumption of abuse.
Case number(if known)	☐ 2. There is a presumption of abuse.
Official Form 122A - 2 Chapter 7 Means Test Calculation	☐ Check if this is an amended filing 04/1
Fo fill out this form, you will need your completed copy of Chapter 7 Statement Be as complete and accurate as possible. If two married people are filing togeth is needed, attach a separate sheet to this form, Include the line number to which write your name and case number (if known).	er, both are equally responsible for being accurate. If more space
Part 1: Determine Your Adjusted Income	
Copy your total current monthly income. Copy line 11 fro	m Official Form 122A-1 here=> \$ 10,269.13
2. Did you fill out Column B in Part 1 of Form 122A-1?	

■ No. Fill in \$0 for the total on line 3.

■ Yes. Is your spouse Filing with you?

☐ No. Go to line 3.

Yes. Fill in \$0 the total on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

■ No. Fill in 0 for the total on line 3.

 \square Yes. Fill in the information below:

State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.		Fill in the amount you are subtracting from your spouse's income
	. \$	S
	. \$:
	. \$	S
Total	ď	0.00

Copy total here=>... - \$ _____0.00

. Adjust your current monthly income. Subtract line 3 from line 1.

10,269.13

Official Form 122A-2

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ebtor 1 ebtor 2	Sanacore, Frank & S	anacore, Lynne M	Case number (if known)
art 2	Calculate Your Deduc	tions from Your Income	
Ded actuand	wer the questions in lines 6 this form. This information in luct the expense amounts set of all expenses if they are higher do not deduct any operating en our expenses differ from month	-15. To find the IRS standar may also be available at the out in lines 6-15 regardless of than the standards. Do not dexpenses that you subtracted for to month, enter the average of	your actual expense. In later parts of the form, you will use some of your educt any amounts that you subtracted fro your spouse's income in line 3 rom in income in lines 5 and 6 of form 122A-1.
5.	The number of people use	d in determining your dedu	actions from income
			pptions on your federal income tax return, plus the his number may be different from the number of 5 Living 6 Housing
Nati	ional Standards Yo	ou must use the IRS National	Standards to answer the questions in lines 6-7.
6.7.	Gut-of-pocket health care the dollar amount for out-of-people who are 65 or olderk	ood, clothing, and other items allowance: Using the numbe tocket health care. The number	er of people you entered in line 5 and the IRS National Standards, fill in er of people is split into two categoriespeople who are under 65 and higher IRS allowance for health care costs. If your actual expenses are
Peo	ple who are under 65 years	of age	
	7a. Out-of-pocket health ca	re allowance per person	\$ 49 _
	7b. Number of people who	are under 65	X5
	7c. Subtotal. Multiply line	7a by line 7b.	\$\$ Copy here=> \$\$
Peo	ple who are 65 years of age	or older	
	7d. Out-of-pocket health ca	re allowance per person	\$117
	7e. Number of people who	are 65 or older	x <u> </u>
	7f. Subtotal. Multiply line	7d by line 7e.	\$ Copy here=> +\$ 0.00
	7g. Total. Add line 7c and	line 7f	\$ Copy total here=> \$ 245.00

ebtor 1 ebtor 2	S	anacore, Frank & Sanacore, Lynne M		Case number (if known)
Loc	al Sta	andards You must use the IRS Local Standards to ans	swer the questions in line	es 8-15.
		n information from the IRS, the U.S. Trustee Program s into two parts:	has divided the IRS Loc	cal Standard for housing for bankruptcy
= 1	lousi	ing and utilities - Insurance and operating expenses		
= 1	lousi	ing and utilities - Mortgage or rent expenses		
Тоа	answ	er the questions in lines 8-9, use the U.S. Trustee Pro	gram chart.	
		ne chart, go online using the link specified in the separate t may also be available at the bankruptcy clerk's office.	instructions for this form	1.
8.		using and utilities - Insurance and operating expenses dollar amount listed for your county for insurance and opera		
9.	Hou	sing and utilities - Mortgage or rent expenses:		
	9a.	Using the number of people you entered in line 5, fill in a listed for your county for mortgage or rent expenses		\$2,347.00
	9b.	Total average monthly payment for all mortgages and other	er debts secured by your	home.
		To calculate the total average monthly payment, add all contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.		
		Name of the creditor	Average monthly payment	
		-NONE-	\$	
	9c.	Total average monthly payment Net mortgage or rent expense.	\$	Copy here=> -\$ Repeat this amount on line 33a.
		Subtract line 9b (total average monthly paymen) from lin rent expense). If this amount is less than \$0, enter \$0		\$\$Copy here=> \$2,347.00
10.		ou claim that the U.S. Trustee Program's division of the cts the calculation of your monthly expenses, fill in an		
	Ex	plain why:		
11.	Loc	al transportation expenses: Check the number of vehicl	es for which you claim an	ownership or operating expense.
). Go to line 14.		
		. Go to line 12.		
	= 2	2 or more. Go to line 12.		
12.		icle operation expense: Using the IRS Local Standards		

Case number (if known)

13.		le ownership or lease expense: Using the IRS Local Sot claim the expense if you do not make any loan or lease hicles.					
Ve	hicle 1	Describe Vehicle 1:					
13a.	Owner	rship or leasing costs using IRS Local Standard		\$	485.00		
13b.		ge monthly payment for all debts secured by Vehicle 1. include costs for leased vehicles.					
	contra	culate the average monthly payment here and on line 1 ctually due to each secured creditor in the 60 months aft divide by 60.					
	N	lame of each creditor for Vehicle 1	Average monthly payment				
	F	lagship Credit Acceptance	\$ 317.00				
		Total Average Monthly Payment	\$317.00	Copy here =>	-\$317	Repeat this amount on line 33b.	
13c.		whicle 1 ownership or lease expense act line 13b from line 13a. if this amount is less than \$0,	, enter \$0	\$	168.00	Copy net Vehicle 1 expense here => \$	168.00
Ve	hicle 2	Describe Vehicle 2:					
13d.	Owner	ship or leasing costs using IRS Local Standard		\$	485.00		
13e.		ge monthly payment for all debts secured by Vehicle 2. D vehicles.	o not include costs for				
	N	lame of each creditor for Vehicle 2	Average monthly payment				
		NONE-	\$				
		Total Average Monthly Payment	\$	Copy here => -\$	0.0	Repeat this amount on line 33c.	
13f.		whicle 2 ownership or lease expense act line 13e from line 13d. if this amount is less than \$0,	, enter \$0	\$	485.00	Copy net Vehicle 2 expense here => \$	485.00
14.		transportation expense: If you claimed 0 vehicles in portation expense allowance regardless of whether you u			ards, fill in th e ub	olic \$	0.00
15.	deduct	onal public transportation expense: If you claimed 1 a public transportation expense, you may fill in what you han the IRS Local Standard for Public Transportation.					0.00

Debtor 1 Debtor 2

Sanacore, Frank & Sanacore, Lynne M

Debtor 1 Debtor 2 Sanacore, Frank & Sanacore, Lynne M

btor 2	Sanacore, Frank & Sanacore, Lynne M	Case number (if known)	

Oth	er Necessary Expenses	In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.		
16.	self-employment taxes, Soci your pay for these taxes. Ho	nount that you will actually owe for federal, state and local taxes, such as income taxes, ial Security taxes, and Medicare taxes. You may include the monthly amount withheld from wever, if you expect to receive a tax refund, you must divide the expected refund by 12 and ne total monthly amount that is withheld to pay for taxes.		
	Do not include real estate, s	ales, or use taxes.	\$	2,741.94
17.	Involuntary deductions: T union dues, and uniform co	the total monthly payroll deductions that your job requires, such as retirement contributions, sts.		
	Do not include amounts that	are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	1,036.66
18.	together, include payments	nonthly premiums that you pay for your own term life insurance. If two married people are filing that you make for your spouse's term life insurance. Do not include premiums for life insurance on-filing spouse's life insurance, or for any form of life insurance other than term.	\$	0.00
19.	Court-ordered payments: agency, such as spousal or	The total monthly amount that you pay as required by the order of a court or administrative child support payments.		
	Do not include payments or	n past due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00
20.	Education: The total month as a condition for your joint in the second	ly amount that you pay for education that is either required:		
		ntally challenged dependent child if no public education is available for similar services.	\$	0.00
21.	Childcare: The total monthl	y amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.		
	Do not include payments for	any elementary or secondary school education.	\$	0.00
22.	required for the health and v	benses, excluding insurance costs: The monthly amount that you pay for health care that is velfare of you or your dependents and that is not reimbursed by insurance or paid by a health only the amount that is more than the total entered in line 7.		
	Payments for health insuran	ce or health savings accounts should be listed only in line 25.	\$	0.00
23.	you and your dependents, s	elephone services: The total monthly amount that you pay for telecommunication services for uch as pagers, call waiting, caller identification, special long distance, or business cell phone eary for your health and welfare or that of your dependents or for the production of income, if it imployer.		
		or basic home telephone, internet and cell phone service. Do not include self-employment ported on line 5 of Official Form 122A-1, or any amount you previously deducted.	+\$	0.00
24.	Add all of the expenses al Add lines 6 through 23.	lowed under the IRS expense allowances.	\$	10,387.60

Debtor 1 Debtor 2 Sanacore, Frank & Sanacore, Lynne M

Case number (if known)

Add	itional Expense Deductions These are additional d	leductions a	allowed by the	Means Test.		
	Note: Do not include a	any expens	e allowances li	sted in lines 6-24.		
25.	Health insurance, disability insurance, and health sainsurance, disability insurance, and health savings accordependents.					
	Health insurance	\$	0.00			
	Disability insurance	\$	0.00			
	Health savings account	+ \$	0.00			
	Total	\$	0.00	Copy total here=>	\$	0.00
	Do you actually spend this total amount?					
	☐ No. How much do you actually spend?					
	Yes	\$				
26.	Continued contributions to the care of household o continue to pay for the reasonable and necessary care at household or member of your immediate family who is ur contributions to an account of a qualified ABLE program.	nd support nable to pay	of an elderly, o for such expe	chronically ill, or disabled member of your	\$	0.00
27.	Protection against family violence. The reasonably ne you and your family under the Family Violence Prevention					
	By law, the court must keep the nature of these expenses	s confident	ial.		\$	0.00
28.	Additional home energy costs. Your home energy cos	sts are inclu	ided in your ins	surance and operating expenses on line 8.		
	If you believe that you have home energy costs that are not then fill in the excess amount of home energy costs.	nore than th	ne home energ	y costs included in expenses on line 8,		
	You must give your case trustee documentation of your a claimed is reasonable and necessary.	actual expe	nses, and you	must show that the additional amount	\$	0.00
29.	Education expenses for dependent children who are \$160.42* per child) that you pay for your dependent child elementary or secondary school.					
	You must give your case trustee documentation of your a reasonable and necessary and not already accounted for			must explain why the amount claimed is		
	* Subject to adjustment on 4/01/19, and every 3 years af	ter that for	cases begun o	n or after the date of adjustment.	\$	0.00
30.	Additional food and clothing expense. The monthly a than the combined food and clothing allowances in the the food and clothing allowances in the IRS National St	IRS Nation	vhich your actu nal Standards.	al food and clothing expenses are higher That amount cannot be more than 5% of		
	To find a chart showing the maximum additional allowand this form. This chart may also be available at the bankrup	-	-	k specified in the separate instructions for		
	You must show that the additional amount claimed is rea	sonable an	d necessary.		\$	0.00
31.	Continuing charitable contributions. The amount that instruments to a religious or charitable organization. 26 L			ibute in the form of cash or financial	+\$	0.00
32.	Add all of the additional expense deductions. Add lines 25 through 31.				\$	0.00

Debtor 1 Debtor 2 Sanacore, Frank & Sanacore, Lynne M

	Case number (if known)
--	------------------------

	ctions for Debt Payment					
	or debts that are secured by an interend other secured debt, fill in lines 33a	st in property that you own, including home through 33e.	mortgag	jes, vehicle loar	ıs,	
	o calculate the total average monthly payn e 60 months after you file for bankruptcy.	nent, add all amounts that are contractually due Then divide by 60.	to each s	ecured creditor ir	n 	
	Mortgages on your home:					verage monthly yment
33a.	Copy line 9b here			:	=> \$	0.00
	Loans on your first two vehicles:					
33b.	Copy line 13b here				=> \$ _	317.00
33c.					=> \$	0.00
33d.	List other secured debts:					
Name	of each creditor for other secured debt	Identify property that secures the debt		Does paymen include taxes insurance?		
				■ No		
	Ge Capital Retail Bank	Secured property		☐ Yes	\$	38.43
•				_	* -	
				□ No □ Yes	Φ.	
-				□ res	\$_	
				□ No		
				☐ Yes	+\$	
	Total average monthly payment. Add lin		\$	355.43	total here=>	\$ 355.43
34. A ı	re any debts that you listed in line 33	nes 33a through 33d secured by your primary residence, a vehicort or the support of your dependents?		355.43	total	\$ 355.43
34. A ı	re any debts that you listed in line 33	secured by your primary residence, a vehic		355.43	total	\$ 355.43
34. A ı	re any debts that you listed in line 33 her property necessary for your supp No. Go to line 35. Yes. State any amount that you mus	secured by your primary residence, a vehice port or the support of your dependents? It pay to a creditor, in addition to the payments our property (called the cure amount). Next, divident	le, or	355.43	total	\$ 355.43
34. A i ot ■	re any debts that you listed in line 33 ther property necessary for your supplement. No. Go to line 35. I Yes. State any amount that you mus line 33, to keep possession of your supplement.	secured by your primary residence, a vehice port or the support of your dependents? It pay to a creditor, in addition to the payments our property (called the cure amount). Next, divi	le, or	Total cure amount	total	\$ 355.43 Monthly cure amount
34. A i ot ■	her property necessary for your supplements. No. Go to line 35. Yes. State any amount that you mus line 33, to keep possession of your following fill in the information below of the creditor.	secured by your primary residence, a vehice port or the support of your dependents? It pay to a creditor, in addition to the payments our property (called the cure amount). Next, divident.	le, or	Total cure amount	total	Monthly cure
34. An ot	her property necessary for your supplements. No. Go to line 35. Yes. State any amount that you mus line 33, to keep possession of your following fill in the information below of the creditor.	secured by your primary residence, a vehice port or the support of your dependents? It pay to a creditor, in addition to the payments our property (called the cure amount). Next, divident.	le, or	Total cure amount	total here=>	Monthly cure
34. Ar ot	her property necessary for your supplements. No. Go to line 35. Yes. State any amount that you mus line 33, to keep possession of your following fill in the information below of the creditor.	secured by your primary residence, a vehice port or the support of your dependents? It pay to a creditor, in addition to the payments our property (called the <i>cure amount</i>). Next, divident	le, or	Total cure amount	total here=>	Monthly cure amount
Name	her property necessary for your supplements. No. Go to line 35. Yes. State any amount that you must line 33, to keep possession of you foo and fill in the information below of the creditor.	secured by your primary residence, a vehice port or the support of your dependents? It pay to a creditor, in addition to the payments our property (called the cure amount). Next, division. Identify property that secures the debt To a priority tax, child support, or alimony - the poor to the payments our property (called the cure amount).	le, or listed in de by	Total cure amount	total here=>	Monthly cure amount
34. Al of of Name -NO	her property necessary for your supplements. No. Go to line 35. Yes. State any amount that you mus line 33, to keep possession of you 60 and fill in the information below of the creditor. NE- December 20 you owe any priority claims such as the past due as of the filing date of your supplements.	secured by your primary residence, a vehice port or the support of your dependents? It pay to a creditor, in addition to the payments our property (called the cure amount). Next, division. Identify property that secures the debt To a priority tax, child support, or alimony - the poor to the payments our property (called the cure amount).	le, or listed in de by	Total cure amount	total here=>	Monthly cure amount
Name -NO	her property necessary for your supplements. No. Go to line 35. Yes. State any amount that you must line 33, to keep possession of you 60 and fill in the information below of the creditor. NE- December 20 you owe any priority claims such as the past due as of the filling date of you line 36.	secured by your primary residence, a vehiclor or the support of your dependents? It pay to a creditor, in addition to the payments our property (called the <i>cure amount</i>). Next, dividual. Identify property that secures the debt Total a priority tax, child support, or alimony - the bankruptcy case? 11 U.S.C. § 507.	le, or listed in de by	Total cure amount	total here=>	Monthly cure amount

btor 1 btor 2	nacore, Frank & Sanacore, Lynne M		Case	e number (<i>if knowr</i>	n)		
For mor	u eligible to file a case under Chapter 13? 11 U.S.C. § 10 re information, go online using the link fo <i>Bankruptcy Basics</i> ons for this form. <i>Bankruptcy Basics</i> may also be available a	specifie		ffice.			
■ No.	Go to line 37.						
☐ Yes	. Fill in the following information.						
	Projected monthly plan payment if you were filing under C	hapter 1	3	\$			
	Current multiplier for your district as stated on the list issue Administrative Office of the United States Courts (for distant North Carolina) or by the Executive Office for United all other districts).	stricts in	Alabama rustees (for	×			
	To find a list of district multipliers that includes your distribution link specified in the separate instructions for this form. To available at the bankruptcy clerk's office.				Co	py total	
	Average monthly administrative expense if you were filing	under C	hapter 13	\$		re=> \$	
	Il of the deductions for debt payment. nes 33e through 36.					\$	355.43
Total Dedu	ctions from Income						
38. Add all	of the allowed deductions.						
	ine 24,All of the expenses allowed under IRS se allowances	\$	10,387.60				
•	ine 32, All of the additional expense deductions	\$	0.00	-			
Copy I	ine 37,All of the deductions for debt payment	+\$	355.43	- -			
	Total deductions	\$	10,743.03	Copy total	here	=> \$	10,743.03
rt 3: De	etermine Whether There is a Presumption of Abuse						
39. Calcula	te monthly disposable income for 60 months						
39a. C	Copy line 4, adjusted current monthly income	\$	10,269.13	_			
39b. C	Copy line 38,Total deductions	- \$	10,743.03	_			
	fonthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a	\$	0.00	Copy here=>\$		0.00	
For the	e next 60 months (5 years)				x 60		
39d. T	otal. Multiply line 39c by 60		\$	0.00	Copy here=>	\$	0.00
40. Find ou	it whether there is a presumption of abuse. Check the b	ox that a	L applies:		J		
■ The	line 39d is less than \$7,700*. On the top of page 1 of this	form, ch	neck box 1, There	is no presump	otion of abu	se. Go to Par	t 5.
☐ The	line 39d is more than \$12,850*. On the top of page 1 of the claim special circumstances. Go to Part 5.						
_ ′	line 39d is at least \$7,700*, but not more than \$12,850*	. Go to li	ne 41.				
	t to adjustment on 4/01/19, and every 3 years after that for c			ate of adjustm	ent.		

Debtor 2	San	acore, Frank & Sanacore, Lynne M	_	ase number (if known)		
41.	41a.	Fill in the amount of your total nonpriority unsecured del Summary of Your Assets and Liabilities and Certain Statistica Schedules (Official Form 106Sum), you may refer to line 3b of 100 cm.	al Information	A 1a. \$ X .25	1	
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. §		\$	Copy here=>	\$
		Multiply line 41a by 0.25				
of	your (ne whether the income you have left over after subtracting unsecured, nonpriority debt. e box that applies:	ı all allowed dedu	ctions is enough to pay	25%	
		39d is less than line 41b. On the top of page 1 of this form, cho Part 5.	neck box 1, <i>There i</i>	is no presumption of abuse	9.	
		39d is equal to or more than line 41b. On the top of page 1 ce. You may fill out Part 4 if you claim special circumstances. T		box 2, <i>There is a presump</i>	tion of	
Part 4:	Giv	ve Details About Special Circumstances				
		ve any special circumstances that justify additional expense alternative? 11 U.S.C. § 707(b)(2)(B).	ses or adjustmen	ts of current monthly inc	ome for	which there is no
	10. Go	o to Part 5.				
		Il in the following information. All figures should reflect your average may include expenses you listed in line 25.	age monthly expen	se or income adjustment f	or each ite	em.
	ne	ou must give a detailed explanation of the special circumstances accessary and reasonable. You must also give your case trustee of ljustments.				
	G	Sive a detailed explanation of the special circumstances		verage monthly expense r income adjustment	е	
	_			\$		
	_			\$		
	_			\$		
	_			\$		
Part 5:	Sig	gn Below				
	By si	gning here, I declare under penalty of perjury that the information	n on this statement	t and in any attachments is	true and	correct.
	X /s	/ Frank Sanacore	X /s/ Lynne I	M Sanacore		
	Fr	rank Sanacore gnature of Debtor 1	Lynne M S Signature of	Sanacore		
Da			Date June 12, 2			
		M / DD / YYYY	MM / DD / Y		_	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York, Brooklyn Division

In re	Sanacore, Frank & Sanacore, Lynne M		Case No	١.			
		Debtor(s)	Chapter	7			
	DISCLOSURE OF COMPE	ENSATION OF ATT	ORNEY FOR	DEBTOR			
C	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filir be rendered on behalf of the debtor(s) in contemplation of	ng of the petition in bankrupto	cy, or agreed to be p	aid to me, for services			
	For legal services, I have agreed to accept		\$	2,750.00			
	Prior to the filing of this statement I have received			2,750.00			
	Balance Due		\$	0.00			
2. 7	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
3. 7	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
4.	I have not agreed to share the above-disclosed comp firm.	pensation with any other person	on unless they are m	embers and associates	of my law		
	☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the name				y law firm. A		
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:						
t c	Analysis of the debtor's financial situation, and render. Preparation and filing of any petition, schedules, state. Representation of the debtor at the meeting of creditor. [Other provisions as needed]	ement of affairs and plan whi	ich may be required	_	nkruptcy;		
6. I	By agreement with the debtor(s), the above-disclosed fee	e does not include the follow	ing service:				
		CERTIFICATION					
	certify that the foregoing is a complete statement of an ankruptcy proceeding.		for payment to me f	or representation of the	e debtor(s) in		
Jı	ıne 12, 2017	/s/ Kevin Zazzer	a				
D	ate	Kevin Zazzera Signature of Attorn Kevin B. Zazzer					
		182 Rose Ave S Staten Island, N					
		kzazz007@yaho	o.com				
		Name of law firm					